

Summary of Comments to ANPRM: CDL Medical Fitness

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**Respondents to the ANPRM by Category
(as of April 1996)**

State agencies representing 34 States:

| | |
|--|---------------|
| Department of Motor Vehicles | 3 |
| State Police Departments | 2 |
| Other State Agencies | 29 |
| Total State agencies | <u>34</u> |

State Organizations (AAMVA, CVSA, AAAM) 3

Trucking Industry and related parties:

| | |
|-----------------------------------|---------------|
| Associations | 3 |
| Carriers | 17 |
| Total truck-related | <u>20</u> |

Bus Industry and Related Parties:

| | |
|-------------------------------|---------------|
| Associations | <u>1</u> |
| Congressional | 1 |
| Trade Associations. | 1 |
| Consultant | 1 |
| Public Associations | 2 |
| Agricultural | 2 |
| Other | 12 |
| Total | <u>19</u> |

Total Respondents 77

ANPRM - Commercial Driver Physical Fitness as Part of the Commercial Driver's License Process - Docket No. 2210 (Originally Docket No. 93-23)

As of April 1996, the ANPRM had generated 77 comments from interested parties. The commenters responded to the 10 questions posed in the ANPRM, however the commenters seemed most concerned about the following issues: (1) State verification at time of licensing; (2) State authority to determine medical qualification of driver; (3) Two-year medical certification vs. CDL renewal terms; (4) Current process/motor carrier's role, and (5) Cost of training licensing examiners and/or hiring medical review board.

Responses to Specific Questions Raised In ANPRM

(1) State Verification At Time of Licensing

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Farmlands commented that in most States the agency clerk issuing the license is far more interested in clearing the line and collecting the requisite charges rather than assuring compliance. Verification of Physical Examination Certification at the time of licensing is practical. Beyond initial license issue, this may be a task beyond the capabilities of most agencies. To have an effective verification program it will be necessary to require applicants to provide long-form physicals, train a clerk to read, understand, interpret and verify a non-related agency's regulations prior to issuing an applicant a license to operate a CMV. Most carrier operations now track driver physical status in a manner far more effectively than a State agency will be able to do.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN commented that Tennessee does not maintain a Medical Review Board for making State verification of physical qualifications. They are strictly volunteer and therefore, they do not work on a set time frame.

2210-6 Pinnacle Transport Services, of Bensenville, IL commented that State licensing programs can not be used to provide an effective means to verify compliance with the physical qualification standards. Turning the compliance verification for standards of §391.41 over to the States would not be effective. Pinnacle does not believe physical fitness is an appropriate licensing issue pertaining to CDL applicants and holders. Beyond the minimum physical qualifications, the issue of physical fitness is best addressed by the employing motor carrier for its specific jobs.

2210-12 Hawaii Department of Transportation, Honolulu, HI --Hawaii DOT agrees that State licensing programs could be used to assist with verifying compliance with standards of 49 CFR 391.41. Hawaii is currently doing this by requiring drivers who apply for new or renewal licenses to submit a copy of the "long form" to be kept on file at the driver licensing office. If a driver has a 4-year license, the licensing office may not receive medical information for the second two-year period.

Hawaii DOT further commented that States should not be required to verify physical qualifications at the time of licensing. A voluntary State verification should involve more than a cursory inspection of the "long form" only when a driver indicates that he/she has had a problem that might adversely affect safe operations. Additionally, the information the licensing office receives is only a "snapshot" of a driver's physical condition.

Hawaii DOT believes that the transportation industry is best suited to check forged signatures. The motor carrier is in a better position to determine a driver's physical qualifications on a day-to-day basis. If a driver is injured, the employer has a far greater chance of knowing it than a government agency to which the driver must report every two years.

2210-16 Wyoming Department of Transportation, of Cheyenne, WY -- Wyoming DOT commented that State licensing agencies can definitely be used to provide an effective and efficient means to verify compliance with the physical qualification standards. Wyoming DOT believes that a State licensing-based program will be more efficient and effective than the current Federal program. Wyoming DOT believes that State verification of driver compliance could best be accomplished by requiring the drivers to provide an approved medical statement signed by a licensed medical practitioner upon application for a CDL.

States should be required to examine and verify physical qualifications at time of licensing. Every State has a process in place to review medical information. Also, there is a no need to track a driver's physical status as part of the individual driver's public driving record. The CDL, if or when issued, will be evidence of a medical certificate being on file.

2210-17 Terra International, Inc., Sioux City, Iowa -- The States should be able to verify compliance.

2210-18 Texas Department of Public Safety -- State licensing programs can provide effective means of verifying compliance with the physical qualification standards, if at the time of application or renewal of a CDL, the driver presents a medical examination form completed by the appropriate person indicating that the driver meets all of the medical qualifications. Because of time restraints, the driver license employees would only screen the medical form to ensure that the physician certifies the driver meets the

medical qualifications. The medical forms would be checked in more detail when the application is submitted to a central records bureau.

2210-19 Southeastern Pennsylvania Transportation Authority (SEPTA), Phila., PA commented that FHWA should require States to review physical fitness as part of the licensing process and utilize reports submitted by licensed physicians.

2210-21 Illinois State Police, Springfield, IL commented that a State licensing program could be used as an effective means to verify compliance with the physical qualification standards set forth in Part 391 of the FMCSRs. Illinois State police believes that this could be accomplished by (1) amending the 2-year medical to coincide with the current CDL renewal requirements, (2) requiring a CDL applicant to provide the original completed physical exam form for review, or (3) require periodic validation of the physical qualification at a State licensing facility (i.e., every 24 months). Illinois State Police also stated that the doctor's name should be provided on the examination form to assist in the verification process and appropriate sanctions should be addressed for submitting fraudulent documentation. Illinois State Police recommended that States have in place a system for tracking a driver's physical qualification status in order to aid enforcement of the regulation (the State of Wisconsin is currently using a system which shows that a driver is or is not medically qualified to operate a CMV).

2210-25 Maryland Department of Transportation of Glen Burnie, MD commented that State licensing programs cannot be used as an effective means to verify compliance with physical requirements because (1) the license cycle does not coincide with the physical examination, (2) the physical qualifications of 49 CFR 391.41 apply to countless drivers who are not required to obtain a CDL and (3) forcing the State to comply would be extremely expensive, requiring additional resources and personnel.

2210-27 New York DMV, Albany, NY commented that with proper staffing, medical review units in each licensing agency could be used for this purpose. Any program devised should take into consideration the concerns of the medical community. It can be argued that licensees may not seek medical treatment because the possible outcome is a loss of commercial driving privileges.

2210-28 Commonwealth of Kentucky, Transportation Cabinet, Frankfort, KY commented that the States should have an active part and be jointly responsible in verifying compliance with the medical requirements. States should, at the very least, verify each driver has a valid DOT medical certificate prior to any CDL issuance.

2210-29 Oklahoma DPS, OK City, OK believes that State licensing programs could be used to provide a means to verify compliance with the physical qualifications. A standard medical certification should be developed for use by all States to maintain uniformity and consistency and requirements should be established for medical

personnel to follow in completing the certification.

2210-30 TMC Transportation, Inc., Des Moines, IA commented that it is hard enough for drivers to transfer a CDL with just driving requirements being an issue. Adding medical requirements would be a disaster. What would States do with those drivers only medically qualified for three months because of a blood pressure problem? How long would it take records to be updated if medical requirements are added? Also, how would drivers schedule CDL's and physicals with other trucking companies that are domiciled in locations other than the driver's home State?

2210-31 Commonwealth of Pennsylvania, DOT, Harrisburg, PA commented that although conceptually State licensing agencies could provide a means for compliance, such a program would necessitate an increase in medical program staff, extensive computer system enhancements, and additional space requirements.

2210-32 Wisconsin DOT, Madison, WI agrees that it would be ideal for States to verify compliance with physical qualifications at the time of licensing and that States would track this as part of licensing. However, the FHWA must support the cost and make changes in the Federal standards.

2210-33 Trinity Industries Transportation, Inc., Dallas, TX commented that the State absolutely cannot provide an effective means to verify compliance with the physical qualification requirements. State agencies responsible for enforcement of safety and environmental compliance are rarely effective on any significant scale. Most States have vehicle inspection and insurance coverage requirements; yet motor vehicle inspection stickers and proof of insurance cards can be purchased on most street corners. No State agency can do as good a job as a conscientious, responsible motor carrier company.

2210-34 Transtar (Railroads) Inc., Monroeville, PA believes that incorporating the certification of fitness with the CDL process would eliminate the need for drivers to carry a separate medical certificate. Also, State licensing agencies may be better able to administer a unified system. Transtar generally supports merging the two systems but is concerned about several related issues explained in the text of its comments.

2210-36 Department of Public Safety (DPS), Anchorage, AK commented that State licensing programs could certainly be used to provide a means to verify compliance with the physical qualification standards set forth in 49 CFR 391.41, although the need to do so is questionable. Verification of physical fitness by the State should involve only the examination of a medical certificate.

2210-38 St. Mary's Maryville Medical Services Center, Maryville, TN commented that potential drivers should have to have met the physical qualification standards prior

to applying for a CDL. St. Mary's requires the examinee to show a photo ID or drivers license prior to the examination. If they do not possess a photo ID, St. Mary's usually will call for a physical description.

2210-39 California DMV, Sacramento, CA commented that States can be used as an effective means to verify compliance with the physical qualification standards. CA DMV currently has such a program whereby the licensing agency reviews the medical form; submission of the completed CDL medical examination report is a requirement for CDL licensing.

2210-40 Association for the Advancement of Automotive Medicine, Des Plaines, IL commented that 90 percent of the States have in place some type of medical review process for drivers of passenger vehicles and those engaged in intrastate operation. In addition, numerous State driver licensing officials state that they believe compliance with the physical qualification standards should be a part of the licensing process.

2210-43 American Trucking Associations, Inc. (ATA), Alexandria, VA does not believe that turning the medical qualification process over to the States will result in a material improvement in compliance with the current medical standards. On the contrary, ATA believes the changes proposed will be unduly disruptive. ATA does not believe it will be possible to require the States to fully track a driver's physical qualification status as part of the licensing record. ATA commented that at most, there should be no more than a requirement for the State licensing agency to request the driver to show a valid medical certificate at the time of obtaining a new or renewed CDL.

2210-44 Somerset County Truckers Association, Inc., Somerset, PA commented that the States cannot be used to provide an effective means to verify compliance with physical qualification standards.

2210-48 L & L Transportation Services, Appleton, WI -- The CMV driver medical certification should not be completely removed from motor carriers and incorporated in to the CDL process administered by States. If the State licensing agency is responsible for medically qualifying the CMV driver, the State agency should also be liable for any actions of the driver which are a result of medical conditions not recognized or overlooked during the qualification process. If this liability is retained by the motor carrier, the motor carrier should also retain the responsibility to ensure the driver is medically qualified to drive.

2210-49 Thompson Bros., Inc., Sioux Falls, SD -- Medical certification and CDL should not be merged. Many of the drivers' medical qualifications could change over a four-year period. The option of making a CDL valid for two years is not a sensible option. Driver license examiners would require additional training to determine driver fitness before they could issue a license. This would represent an additional cost and

would most likely be passed on to the driver.

2210-51 Duquesne Light Company (DLC), Shippington, PA -- DLC believes that it is logical to merge the two systems in order for a State to make the medical fitness determination at the time a license is being issued. The CDL would be evidence that the driver is physically fit as well as operationally qualified to operate CMVs safely.

2210-52 National School Transportation Association (NSTA) -- NSTA supports State licensing programs being used to verify compliance with the physical qualification standards. Many States currently review the medical form at the time of licensing. Therefore, those that currently do not should be required to do so.

2210-53 ND Department of Transportation -- State licensing programs could be used to provide an effective means to verify compliance with physical qualification standards in § 391.41 if major modifications and clarifications are made to the existing standards. Requiring States to make detailed examinations and verify medical qualifications at the time of licensing or renewal will create additional complications. Many current CDL holders are exempt from medical requirements. Verification or inspection of the medical card/certification is the least time consuming approach to the medical requirements. Physical qualification information as part of the driver licensing process and driver licensing records should be shared when drivers are denied for physical qualifications. It is not uncommon for drivers to look for medical facilities that will tell them what they want to hear. This problem could be compounded when drivers switch from one jurisdiction to another involving several different physicians.

2210-54 Schneider National, Green Bay, WI -- States could validate that individuals are medically qualified on a random test basis, but the States should not be the sole determining party as to whether a driver is medically qualified.

2210-56 American Association of Motor Vehicle Administrators (AAMVA) -- Licensing agencies could verify a driver's compliance with the medical standards by completing a review of either the medical certificate or the long form at the time the driver applies for/renews a CDL. Examiners should not be required to make determinations of fitness beyond physical appearance and document verification. A standard certificate should be developed for use by the medical community to ensure uniformity and consistency. In order for this program to be effective, current exemptions should be abolished. Funding for training and implementation should be provided.

2210-57 National Automobile Dealers Association, American Truck Dealers Division, McLean, VA -- Fully supports the concept of merging the programs. Streamlining the process will benefit drivers (who will avoid the need to carry valid medical cards) and employers (who will avoid the need to verify and maintain separate fitness records). Any burdens on States should be minuscule given their highly

automated CDL systems.

2210-58 North Carolina DMV -- Yes. NC already has a system in place that could verify compliance. Depending on the time frame between issuance and renewal, it is entirely possible for the renewal year to fall between the physical exams. This should be noted at the time of issuance. Verification should involve more than inspection of certificate. States should be required to track a driver's physical qualification stats on licensing record only if the applicant fails the exam or has some serious medical problems.

2210-59 Roadway Express, Akron, OH -- Yes, States could provide effective verification. This verification should only take place at the time license is issued or renewed. Verification by reviewing the medical certificate would be the most appropriate method since any extensive review would require a medical background. Tracking a driver's physical qualifications via his license would be a duplication of the medical certificate and records maintained by employers and should not be required of State agencies.

2210-60 Chemical Waste Transportation Institute (CWTI) -- CWTI supports the concept of merging the carrier-based medical program with the CDL licensing program. State oversight will enhance compliance and provide an opportunity to carriers to reduce paperwork burdens.

2210-61 American College of Occupational and Environmental Medicine (ACOEM), Arlington Heights, IL -- It is appropriate to merge the two programs. Although CDL is a State licensing system, the physical qualifications should be based on Federal standards, including a standardized medical exam and qualifications. The health care professional would be responsible for determining whether the individual meets the physical requirements of the FMCSRs. The State would rely on the certification form for verification that the individual is physically qualified. States would be able to conduct an independent review by a medical professional of a certification. If the health care professional determines that an individual is not physically qualified, there should be a process of appeal to the medical advisory board in the State.

2210-62 Oregon DMV -- The two can be effectively merged, as States currently monitor and verify physical qualifications at the time of licensing for non-commercial drivers. The licensing agency would maintain an inventory of State-created/FHWA-approved forms and release them to the medical examiner when requested. The State licensing agency should require the examiner to provide the completed report form directly to them. The licensing personnel would review for accuracy, completeness, etc. The report form should be kept in the licensing agency's file as well as a notation being made to the driver's record indicating the date of the exam and whether the driver was qualified per § 391.41.

2210-63 Washington State, Department of Licensing -- All States should be linked to a 24-hour computer system allowing access to updated info. A detailed exam of the long form may be necessary. Grant States the authority to modify the expiration of the physical to correspond with the basic CDL expiration date. Follow Wyoming's procedure in that the driver signs a statement at the time of renewal that they have a current DOT physical; or follow California's procedure in that a reminder is mailed to driver asking for an updated physical or the CDL will be cancelled. States should track qualification status during the licensing period. CONCERNS: What is FHWA's definition of "physical fitness"? A blanket definition may cause room for discrimination. Looking at the examiner's certificate may not enough to deter fraud.

2210-64 Office of the Secretary of State, IL -- Yes, concept is excellent. Specifics need to be defined first. Will reserve judgment on implementation. Completed medical certificate should be accepted at the driver license facility at issuance of CDL (criteria to be established). Facility personnel should only verify completion and the physician verified applicant is medically qualified. Certificate is forwarded to the central office for detailed review and verification. Approve/deny CDL based on the certificate. States should be required to track driver's qualification status as part of the licensing record. However, allowing States to share medical information would require Federal/State legislation.

2210-65 Ohio Department of Public Safety -- Physical fitness is an appropriate licensing issue for CDL applicants, but if the States were to be required to complete determination of eligibility to drive based upon the standards established in § 391.41, the least economically restrictive method would be for States to inspect a medical certificate received by the driver. If a driver has a progressive condition, it would be necessary for States to track their qualification status as part of the licensing record. There is currently a system in Ohio that performs this function.

2210-66 United States Postal Service generally supports the proposal. They believe it would reduce costs for the Postal Service because the transportation fleet would no longer have to maintain records of certain medical qualifications on file. It would also be helpful to have standardized medical forms for each State. A two-year renewal term for both license and medical certification is sensible. Physical qualifications should be verified at the time of licensing to enable States to track a driver's physical qualification status as part of the licensing record.

2210-67 Virginia DMV -- Unless the FHWA changes its two-year requirement for renewal medical certificate to match that of the State's commercial license process, a merger would not be feasible with the licensing program. The benefits FHWA believes this merger may bring about are not substantiated enough to justify the costly re-engineering of the State's licensing programs. Because of this, Virginia believes the

medical certificate of fitness requirements should rest with the employer. The employer has an economic interest in assuring the fitness of its drivers, and they also have continuous contact with the driver and therefore more frequent opportunities to monitor and evaluate them. Virginia has no means to do anything but inspect the doctor's examination form. As to whether a driver's physical qualification status should be part of the license record, medical information is personal and confidential and could only be released to a physician. The cost of maintaining records that have limited access far exceeds any benefit that could be derived from them.

2210-68 Iowa DOT -- The merger is possible with some allowances for individual State differences. The Iowa office is already engaged in various tracking systems for matters related to driver files. Additional records could be integrated into current system after significant programming time and expense. Would need at least full year's warning time. The option of two or four-year licenses will require a method of physical renewal separate from license renewal.

2210-69 Penn Maid, Philadelphia, PA agrees with the proposed merger. Would streamline papering involved in hiring a DOT regulated driver.

2210-70 Illinois DOT -- A State's licensing program could be used to provide an effective means to verify compliance with § 391.41. This could be accomplished, in part, by modifying the present 2-year renewal requirement for medicals to coincide with CDL renewal. Another option is to require periodic validation by the carrier of the driver's qualification (perhaps every 2 years). This would include amending the exam form to include a physician's telephone number to assist in the verification process. Sanctions for submitting fraudulent documentation should be addressed. Strongly recommend that FHWA provide assistance to States to help in the implementation of a system to track a driver's physical qualification status to aid enforcement. Wisconsin is currently using a system which shows whether a driver is medically qualified to operate a CMV.

2210-71 Idaho DOT -- Use of State license programs is not an effective means to verify compliance with § 391.41. They could only verify compliance on the date the license is issued. Ultimate compliance with physical standards must continue to remain with the employer. If States are going to be required to check physical qualifications, a check of the DOT medical card should be the only requirement. This could enhance enforcement of physical requirements without adding significantly to licensing procedure. If the medical card was not provided when applying for a CDL, the license could be issued with a restriction. States should not be required to track a driver's physical qualifications over the license period. This is an employer and driver issue.

2210-72 North Dakota DOT, Bismarck, ND commented that State licensing agencies

could be used to provide an effective means to verify compliance and this could be accomplished over a period of time, provided major modifications and clarifications are made in the existing standards as set forth in 49 CFR 391.41 physical qualifications. Additionally, requiring the States to make a detailed examination and verify the medical physical qualifications at the time of licensing or renewing a CDL license will create some additional complications. ND DOT further commented that time constraints for the examiners as well as the need to seek clarification from physicians are not very workable at an examination site. If States are required to go beyond the initial medical screening process currently being done, it will take an additional level of expertise on the part of the examiner to decipher medical terminology contained on medical examinations and reports from physicians.

2210-73 Colorado Department of Public Safety (DPS), Denver, CO commented that State licensing programs may be used only in requiring an applicant to produce a copy of his physical exam to obtain a CDL. State licensing programs may provide an effective means to verify compliance with physical qualifications standards, possibly by keeping a copy of the medical exam or entering the data into CDLIS.

2210-74 Montana Department of Justice, Helena, MT commented that it does not have a medical review board to review commercial driver qualifications. Basic drivers are qualified under administrative rules established by the Division. The State of Montana supports qualifying commercial drivers upon initial application and renewal cycle, but does not have the staff or funding necessary to track the driver during the licensing cycle.

2210-75 Earl Pomeroy, Congress of the United States, North Dakota commented that he shares the concerns of Director Marshall Moore, of North Dakota DOT that the FHWA proposal to require States to verify the medical and physical qualifications of an interstate driver during the State commercial driver's license issuance or renewal process represents an unfunded Federal mandate.

2210-76 Florida Power & Light Company commented that States could verify compliance with the physical qualification standards by requiring that a copy of the physical be shown to the CDL issuing person as a prerequisite at the time of CDL issue or renewal.

2210-77 Dickinson State University, North Dakota, commented that it is not desirable to make any part of the physical or its requirements part of the CDL record keeping process. Dickinson does not believe the Federal government should make additional requirements which are redundant and unnecessary record keeping in the CDL system, when a workable system of qualification of drivers already exists. Dickinson believes that making the physical a part of the CDL record would not reduce, or remove, the necessity of the carrier's safety director to review the physical form in the qualification

process for the driver.

2210-78 Beaver Express Service, Inc., Edmond Motor Freight, Inc., and L&L Motor Freight, Inc., Woodward, OK, commented that the industry faces legal liabilities associated with putting unqualified drivers on the road, so the industry should keep the medical certification responsibility itself. This commenter is concerned about the costs if the States take over the medical certification process, with possible increased costs for testing and the administrative burden of keeping a medical file anyway.

(1)(a) Should verification involve more than inspection of medical certificate?

2210-72 North Dakota DOT, Bismarck, ND commented that verification or inspection of the medical card or certification is the least time consuming approach to the medical requirements.

(1)(b) Requiring States to track physicians qualification status

2210-72 North Dakota DOT, Bismarck, ND commented that the tracking of physical qualification status of drivers as part of the driver licensing process and driver licensing records can be very complex in nature. The information should be shared when denied for physical qualifications; however, the new State should proceed with their own screening and testing process. ND DOT believes that this problem will be compounded when drivers switch from one jurisdiction to another involving several different physicians.

2210-73 Colorado DPS, Denver, CO Tracking a driver's physical qualification status would be difficult to do and overly burdensome and not cost effective.

2210-74 Montana Department of Justice, Helena, MT commented that to follow each commercial driver and flag their records to ensure medical certificates are valid would be cost prohibitive. The Division would need to notify the driver 60 days prior to the expiration of the medical certificate and take suspension action if the driver failed to provide a valid medical certificate for the remaining 2 years of the license cycle. Notification and suspension would require additional staff and funding for mailings.

(2) State Authority to Determine Driver Medical Fitness

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Farmlands believes that this authority is an issue which will be required to be addressed and resolved in a legislative body with enactment of new or varied law. Resource wise, licensing agencies all seem to be understaffed to handle existing problems they are faced with. Compounding responsibilities by adding the necessary skills will slow the process. Additionally, from a resource standpoint, the renewal frequency of CDL's will have to double to meet the biannual physical dates, or there will need to be increased staffing of licensing agencies to handle the necessary filing of new physical examinations and dealing with suspensions/revocation of licenses due to CDL holders not filing mid-term physical renewals.

State agencies in many cases are not the agencies that are responsible for, aware of, or deal regularly with FHWA/DOT regulations and compliance issues. State agencies may be capable of making the necessary fitness determinations. However, closer working relationships will need to be developed between license issuing agencies and DOT enforcement agencies to ensure effectiveness of such programs.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- No resources; the State examiners are not certified in the medical field. They have approximately 158,000 CDL drivers with expiration dates ranging from 3 to 7 years. They currently have over-the-counter issuance system. To incorporate all medical qualifications as part of the issuing process would mean longer lines and a pre-submission of the intent to apply for a CDL or renewal, to a review board for approval. Tennessee has just begun to initiate the Intrastate Waiver program; it is too soon to comment on how well the State can handle the required qualification determinations.

2210-10 Georgia Department of Public Safety, Atlanta, GA commented that requiring the agency to review driver medical certificates to determine medical fitness prior to CDL issuance would present a major problem to the agency since it does not currently employ individuals with medical training to properly review medical certificates. The rule proposes to shift the responsibility of compliance from the driver to the DPS. The cost of staffing each driver's license office with personnel who possess the medical training would be an undue burden on the agency.

2210-12 Hawaii Department of Transportation -- To implement a program for making medical determinations, personnel must be trained to work with medical examiners in the event a question arises. Both the training and the checking of the medical form requires time that must be taken from meeting other responsibilities. Without knowing what specific determinations will need to be made for certain persons with disabilities, it is not possible to state whether or not they can make the determinations.

2210-14 McCorkle Truck Line, Inc., of Oklahoma City, OK -- McCorkle commented that using the CDL as a substitute for the current medical qualification procedures would be detrimental to the hiring organizations because it would deprive them the opportunity of evaluating a potential new hire's ability to perform the duties for the carrier. McCorkle further commented that giving this responsibility to the States is ill-advised because this would create a greater opportunity for concealing physical impairments by substituting "career approved" medical examiners for "Good Old Buddy" doctors who are only too willing to accommodate them. McCorkle also added that there would be no way to control re-examination after severe injury or illness of a driver.

2210-13 SYSCO Foods of Indianapolis, Indiana commented that some type of physical standards should be established as a requirement for having a CDL. SYSCO further stated that a physical fitness standard would help eliminate the long term disabling injuries that its company currently observes. SYSCO believes that long-term injuries seem to directly relate to lack of physical fitness and flexibility.

2210-16 Wyoming DOT -- All States currently have the authority and have in place a procedure to deal with medical problems affecting the driving public. The State must have in place a comprehensive medical program to ensure the licensing of only qualified, competent drivers. Wyoming DOT further commented that when a State issues a driver's license, it is recognized and accepted by all other States and Canadian provinces. Therefore, of the Federal standards that are reasonable, acceptable and defensible, the States are not only able but are currently making the qualification determinations for both inter and intrastate drivers.

2210-17 Terra International -- The States should be able to follow Federal guidelines.

2210-18 Texas DPS -- Most States do have sufficient authority and resources to determine medical qualifications. Texas would most likely utilize the Texas Medical Advisory Board for Driver Licensing to assist the agency in determining medical qualifications and assistance with waiver programs.

2210-21 Illinois State Police, Springfield, IL stated that they possess sufficient administrative authority to accomplish this function for both interstate and intrastate driver.

2210-25 Maryland DOT, Glen Burnie, MD commented that State licensing authorities do not currently have sufficient authority nor resources (medical support or testing staff) to determine medical qualifications. Such authority is derived from legislation and any legislature would be reluctant to increase costs and add positions for an unfunded requirement of the Federal government where there is not statistical data to support that a problem exists.

2210-27 New York DMV, Albany, NY commented that it currently lacks the authority and would need regulations to implement. Also, they do not have the resources to adequately administer the program, nor do they have the qualifications or the appropriate training to make medical determinations. New York DMV recommends that the medical standards which the Federal government imposes mirror current medical information replacing the existing standards.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY commented that States can strengthen CFR 383.71 by requiring, through legislation, proof of certifications. Kentucky would be able to determine eligibility, to distinguish who these drivers were, and also be able to monitor their records.

2210-29 Oklahoma DPS, Ok City, OK commented that Oklahoma has both the authority and resources to determine medical qualifications if that function is required as part of the CDL procedures.

2210-30 TMC Transportation, Des Moines, IA commented that a company would never know if medical examinations were consistent if they were required to accept medical exams from all over the country. TMC asked the following questions: How will they monitor doctors who may or may not be qualified to do medical examinations? and How difficult would it be to monitor a driver with a blood pressure problem for three consecutive days?

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that Pennsylvania's licensing agency lacks the legal authority to require intrastate commercial drivers to meet higher medical standards than those for noncommercial drivers. In addition, they do not have the resources to do so, nor do they have the mechanism in place to look at drivers individually for waivers. Given their current level of automation, they would need an additional 25 employees to administer a two-year medical qualification program. A four-year recertification program would require 12 additional employees.

2210-32 Wisconsin DOT, Madison, WI commented that they would need to modify an administrative rule to have the authority to determine medical qualifications of interstate drivers. The financial resources that would be required to review all interstate drivers would be significant. Because the process is unclear at this point, it is impossible to estimate the costs.

2210-33 Trinity Industries Transportation, Inc., Dallas, TX commented that State licensing authorities do not have the current authority to make medical fitness determinations.

2210-36 DPS, Anchorage, AK commented that the State of Alaska has neither the authority nor the resources to determine medical qualifications as an element of the CDL procedures. Legislation and program funding would be required to implement these procedures. Waivers would need to be a part of the authority granted in new legislation.

2210-39 CA DMV, Sacramento, CA commented that the State does have the authority of the California Vehicle Code to require submission of the medical examination report and to evaluate the driver's physical qualifications. Licensing personnel are specially trained to review these reports and identify any questionable reports for further evaluation by Driver Safety personnel.

2210-40 AAAM, Des Plaines, IL commented that it appears that States are both positioned and willing to assume this responsibility. If medical qualification becomes a part of the licensing process, States must have the authority to suspend or cancel a CDL if a driver fails to comply with current medical standards. In some States new legislation will be required to permit the driver licensing agency to take such action when necessary.

2210-43 ATA, Alexandria, VA commented that it presumes that States do have the authority to enforce medical standards for CDL drivers inasmuch as they have for a long time had basic medical qualifications for all holders of drivers' licenses. ATA cannot accurately determine whether or not the States have the resources to administer medical qualifications of CDL drivers at the level contemplated by the ANPRM.

2210-44 Somerset County Truckers Association, Inc., Somerset, PA commented that State licensing authorities do not possess sufficient authority and resources to determine medical qualifications.

2210-52 National School Transportation Association (NSTA) -- Many State licensing authorities currently have medical review boards. Thus, those not doing so should be required to do so.

2210-53 ND Department of Transportation -- No. State licensing jurisdictions do not have the manpower or facilities to accommodate a merger of CDL and medical qualifications. Deciphering medical information is time consuming and requires a high degree of expertise. A merger would only slow down the licensing process, lengthen the licensing lines. Most facilities will not accommodate this type of interruption in the normal processing of drivers and additional employees would be needed.

States do not have the manpower nor the expertise to make the required detailed examination and determination for certain CDL disability applicants.

2210-54 Schneider National, Green Bay, WI -- Schneider is concerned whether there will be a monitoring system to ensure that examiners truly understand the details of the DOT regs. If there are job specific requirements for a driver (lifting, bending, etc.) how will these be implemented into the guidelines? Would resources be devoted to collect and obtain all medical records relevant to an exam? If not, how could an employer ensure that the driver is qualified for its job? Schneider is opposed to the granting of waivers from the medical standards under § 391.41.

2210-56 AAMVA -- Several States do not possess such authority and would require changes to State statutes or to administrative rules and regs. Few States have the resources needed to implement procedures to review a driver's medical qualifications. With a State administered program, differences in intrastate and interstate operation should be eliminated.

2210-58 North Carolina DMV -- NC has authority and already has the procedures. NC has a waiver review in place plus recent training for two examiners in the Federal Limb Waiver Program.

2210-59 Roadway Express, Akron, OH -- Question: Should State agencies become involved in determining qualifications, would there be a willingness to re-evaluate those individuals that employers believe to be unqualified?

2210-62 Oregon DMV -- State licensing agencies don't currently possess sufficient authority in most cases. Most States would have to make some changes to their motor vehicle code and would require additional staffing to administer the new program. These changes would also allow the State to handle the interstate and intrastate waiver programs now in effect.

2210-64 Office of the Secretary of State, IL -- No. Illinois can only obtain authority through legislation, but the amount of resources needed have not been determined. "Yes" to the second question (individual DQ determination for applicants in intrastate/interstate).

2210-65 Ohio Department of Public Safety -- State licensing authorities generally don't have the authority or resources sufficient to make medical evaluations of driver qualifications.

2210-67 Virginia DMV -- Virginia's DMV does not currently have the authority or resources. Virginia has a medical advisory board serving in an advisory capacity only. In the interest of uniformity among States with interstate standards/requirements, such standards should remain at the national level (States could not achieve uniformity expeditiously).

2210-68 Iowa DOT -- Some resources are available, but others will have to be developed at some expense. While Iowa has included the CFRs, including part 391, in their vehicle code, additional laws will be needed to gain authority to sanction drivers for not complying.

2210-70 Illinois DOT -- Illinois does not possess sufficient authority to accomplish the task as it pertains to both interstate and intrastate drivers.

2210-71 Idaho DOT -- Idaho doesn't have sufficient authority to require a CDL applicant to provide medical info prior to issuance of CDL. Currently, Idaho does not have sufficient personnel to knowledgeably screen the long form and provide necessary correspondence between doctors and drivers.

2210-72 North Dakota DOT commented that State licensing jurisdictions do not have the manpower or the facilities to accommodate such a requirement. Deciphering of medical information is time consuming and requires a high degree of expertise. It also requires the ability to contact the physician to resolve or clarify certain medical information. ND DOT believes that this will only slow down the licensing process and lengthen the licensing lines.

2210-73 CO DPS, Denver, CO commented that medical waivers in Colorado are currently handled by the State Patrol for intrastate drivers and limb waivers under § 391.49. Colorado currently has approximately 250 drivers on intrastate waivers. It would take one full time position to handle inter and intrastate waivers. This would probably require some general waiver guidelines.

2210-76 Florida Power & Light commented that the additional responsibility to the States to determine medical qualifications would not be burdensome to the States.

(3) Two-year medical vs. CDL Renewal Terms

2210-3 Farmland Industries, Inc., of Kansas City, MO -- From an efficiency standpoint, it is arguable whether the renewal frequency of CDLs will have to double to meet the bi-annual physical dates or there will need to be increased staffing of licensing agencies to handle the necessary filing of new physical examinations and dealing with suspension/revocation of licenses due to CDL holders not filing mid-term physical renewals. Doubling license renewal frequency would require drivers to pay twice as often as they now do, thereby doubling the cost of licensing fees, or facing increased administrative costs, ultimately born by the applicant.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Pinnacle believes that there are no efficient ways to deal with the eight major and nine alternative CDL expiration terms versus the two-year certification limit. New employees are routinely examined more frequently than two years, therefore, the issue becomes more complex. Pinnacle believes that driver physicals are not a biennial issue. Pinnacle further commented that the two-year interval for physical recertification is appropriate for a driver working long-term for a single motor carrier.

2210-7 Clark Trucking, Inc., of East Liberty, OH, commented that Ohio's license is valid for four (4) years. The cost to renew an operator's license is \$10.00; a CDL renewal is \$27.50. If the law changes to a biennial CDL renewal coinciding with the physical requirements, it will cost a CDL driver \$55.00 for 4 years of licensing as opposed to \$10.25 for operating a car. Clark Trucking is concerned about the frequency and cost of renewals. Clark Trucking further commented that a motor carrier should perform a pre-employment physical; too much can happen to an individual's health in two years. Clark Trucking stated that the company would not be comfortable hiring a driver based on him/her having a CDL as proof of sufficient health to safely operate a CMV.

2210-8 Department of California Highway Patrol (CHP) of Sacramento, CA commented that in California a CDL is valid for a period of 4 years. If the medical qualifications program is merged into the CDL process, the CMV operator would only be required to recertify his/her medical certificate every four years. The CHP believes it is imperative that CMV operators be required to renew medical certificates every two years. The CHP further stated that if it is determined that the CDL renewal period must stay at a four-year interval, some method of reflecting the medical certification expiration date needs to be incorporated into the licensing system. The CHP believes that all State licensing entities should require CMV operators to submit a current medical examination certificate every two years and make that information available for computer inquiries from law enforcement agencies nationwide. The CHP also believes that if a CMV operator fails to submit a valid medical certificate, the driving record must

show "Invalid For Commercial Operation" until such time he/she renews their medical certificate.

2210-12 Hawaii Department of Transportation, Honolulu, HI commented that the medical exam is good for two years and the most CDLs are good for four years; requiring the States to review the medical requirements of CDL holders every two years would require many additional man-hours. This new requirement would cause a need for a computer run of all CDL holders each month to determine which ones have not updated their medical information, as well as a development of a notification system.

Hawaii also commented that the most efficient way to deal with the differences between the two-year medical certification and the CDL renewal terms is to continue to require the employers to handle it. An obstacle to shortening the licensing interval to match the medical certification interval could be costly to drivers.

2210-16 Wyoming DOT -- Current holders of CDLs should be required to maintain their current medical certificates until they are eligible for renewal. Upon renewal, they should provide the licensing State a completed and signed certificate. The term of the certificate should coincide with the term of the CDL not to exceed four years.

2210-17 Terra International -- The renewal of the CDL should be every two years. (No further explanation)

2210-18 Texas DPS -- The CDL and the medical certification program must coincide with each other (two or four-year cycle) in order for this program to be totally effective. Texas prefers a four-year cycle because that is what it and most States have in place. If the States had to issue a two year CDL, issuance **costs** would go up significantly. Also, the driver license offices would be much busier, thus increasing the waiting times for all applicants.

2210-21 Illinois State Police, Springfield, IL commented that unless there is appropriate documentation that suggests otherwise, the medical certification should coincide with the renewal date of the CDL.

2210-25 Maryland DOT, Glen Burnie, MD believes that the most efficient means to deal with the differences between the two-year medical certification and the CDL renewal terms is to retain the existing system.

2210-27 New York DMV, Albany, NY commented that the medical certification and license cycle must be co-terminus. Most States have a 4-year renewal cycle. If there is no compelling data to justify a medical certification every two years, it should match the license cycle.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY stated that if, as in most States, the CDL renewal period is longer than two years, States may require driver notification of medical certification updates. The most appropriate interval for medical recertification should not be less than two years.

2210-29 Oklahoma Department of Public Safety, Ok City, OK commented that if the requirement for medical certification remains at two years, Oklahoma will need to create a computer program for updating all CDL driver records. This would impact the Driver Improvement personnel. An alternative would be to have both the CDL and medical qualifications valid for the same time frame.

2210-30 TMC Transportation, Des Moines, IA believes that it would be much better to leave drivers' licenses separate from medical qualifications. Physicals need to be updated more frequently than CDLs and it would not be practical to incorporate physicals with CDLs.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that the most efficient way to deal with the differences between the terms of the medical certification and the license renewal would be to make them the same, four years in Pennsylvania. Another alternative would be to require States to recall or suspend a CDL pending the completion of the medical certification.

2210-32 Wisconsin DOT, Madison, WI commented that it doubts that data are available to support any interval for medical recertification. Although two years might be ideal, it would be costly. With their current renewal cycle of four years, Wisconsin DOT would prefer a four-year interval. If any interval greater than four years is selected, Wisconsin DOT suggests that drivers over 70 be required to submit reports every two years.

2210-33 Trinity Industries Transportation, Dallas, TX commented that there are no efficient ways to deal with the differences between the two-year medical and the CDL renewal terms. Any combination of programs would lead to fraudulent production and under-the-table distribution of illegal medical examinations. In addition, the DOT would have not accountable person to hold responsible for violation of § 391.41.

2210-34 Transtar (Railroads) Inc., Monroeville, PA commented that the medical fitness certification process should be performed concurrently with the licensing process. Such certification should be valid for a two-year period unless there are specific reasons that require an employee to be examined and medically approved more frequently.

2210-36 DPS, Anchorage, AK commented that without evidence that medical qualifications present a traffic safety problem that needs immediate attention, the most

appropriate way of dealing with the differences between the two-year medical certification and the CDL renewal term is to extend the certification period to that of the CDL term.

2210-38 St Mary's Medical Services Center, Maryville, TN advises that CDL test/medical qualification examination be given at least every two years. There is a problem with a driver forgetting his/her physical until they receive a fine or a warning. St Mary's recommends prorating the fine to increase by 25% for every 30 days past their expiration date if they are caught driving. This may prove to be an incentive to stay current.

2210-39 CA DMV, Sacramento, CA commented that States that use the latest technological developments, such as digital storage and retrieval, could term the license to expire with the medical and issue a new license with a new expiration date that coincides with the new medical expiration date. CA DMV would be supportive of a longer reporting interval if substantiated for some categories of driver, e.g., age, lack of prior medical condition, etc.

2210-40 AAAM, Des Plaines, IL commented that currently there is no scientific basis for requiring medical examinations every two years for all CDL holders. Except from certain exceptions such as advancing chronological age, the appearance of a medical condition that may impair safe driving, or the worsening of a condition previously stable, the medical certification and CDL cycles should coincide.

2210-43 ATA, Alexandria, VA believes that dovetailing medical examination intervals and license intervals will be one of the most difficult and complex aspects of the ANPRM. Inasmuch as States have various time-spans for license renewal, the most common being four-year or five-year intervals, we see no possibility of dovetailing without major changes and great inconvenience. ATA recommends that no change be made in the current intervals for medical examinations.

2210-44 Somerset County Truckers Association, Inc., Somerset, PA commented that the license renewal terms should remain a separate issue from physical qualification requirements; the current system is efficient.

2210-46 Commercial Vehicle Safety Alliance (CVSA), Bethesda, MD commented that it has an undocumented concern that if the period between physicals is extended beyond two years, that certain medically disqualifying conditions may be missed that are now caught during the biannual physical.

2210-50 Oregon Public Utility Commission (OPUC) -- The most efficient way to deal with differences in the two-year medical certificate and CDL renewals would be to revalidate the license concurrent with the expiration of the medical certification. A flag

or notation would be necessary on the licensing record indicating the examination expiration. Cancellation or suspension of CDL privileges would then occur until proof of medical recertification/revalidation is received by the licensing agency.

2210-53 ND Department of Transportation -- The 2 year medical certificate requirement versus the four year licensing cycle is simply not compatible. The medical certificate would have to be extended to a four year cycle.

2210-56 AAMVA -- 45 States currently have a 4-year renewal cycle for CDL. Ideally, the expiration date of the CDL would match that of the medical certificate and the driver would be required to submit verification of their medical qualifications at the time of application. Medical certification should be valid for 4 years unless there is compelling data to the contrary.

2210-58 North Carolina DMV -- The 2-year medical certification should stay the same. In NC and other States having 5-year license renewal cycles, drivers would be required to complete the medical every two years. Alternating renewals would fall between required medical evaluation times. This should not create a problem as all information will be on the applicant's record. Should the applicant fail to complete the required evaluation, the record will be automatically flagged. Two years is the most appropriate interval for medicals.

2210-59 Roadway Express, Akron, OH -- A CDL should only be considered valid when accompanied by either the medical examiner's certificate or a possible, appropriately dated validation sticker affixed to the license by the medical examiner's office. This would be one method that would address the varied length of time for which certifications can be allowed.

2210-62 Oregon DMV -- The medical certification period should be changed to coincide with CDL renewal terms (four years). Most States have programs that continually monitor non-commercial drivers who may not meet the necessary qualifications. These programs could be modified to include § 391.41 for commercial drivers.

2210-63 Washington State, Department of Licensing -- A physical required every two years is appropriate for drivers with no medical condition. Drivers with a condition should have a physical more often. A medical should not be accepted as valid if the examiner feels there is a need to re-evaluate in less than 6 months or if the driver has not had a physical for more than 2 years. Licensing staff must still be able to cite drivers of CMVs for re-examinations. Concerned about possible lack of uniformity in all States and extended intervals for medical certifications could increase the risks to safety. If an examiner finds a restrictive medical condition outside the DOT physical, the examiner must have a simple method to notify licensing authorities.

2210-64 Office of the Secretary of State, IL -- Make medical certificates due only at the time of renewal unless legislation is developed to require the driver/doctor/carrier to notify licensing agency of any changes in medical status that could cause more frequent reporting. Recommend changing Federal rule to make certificate terms to coincide with CDL renewals (4 years).

2210-65 Ohio Department of Public Safety -- Since the medical certification period is shorter than the license term, drivers will be required to submit their medical certification prior to the renewal period for their licenses. This occurs currently and would not pose any difficulty. The current medical interval for recertification (two years) is adequate.

2210-66 United States Postal Service believes a two-year renewal period is logical for license and medical certification.

2210-67 Virginia DMV -- The most efficient/effective way to deal with the medical certification program is to make it an employer/employee program similar to the alcohol and drug test program. If the FHWA disagrees with this position, the most efficient way to accomplish the merger is to change the requirements of the medical certificate from its current 2-year cycle to the cycle of issuance and renewal of the CDL.

2210-70 Illinois DOT -- Unless there is appropriate documentation suggesting otherwise, recommend medicals coincide with CDL renewal. States should be allowed to require shorter intervals as need dictates.

2210-71 Idaho DOT -- A two year medical revaluation period seems appropriate. Shorter intervals are appropriate for certain medical conditions. Idaho uses shorter periods as determined by a physician.

2210-72 North Dakota DOT, Bismarck, ND commented that the 24-month medical certificate requirement verses the 48-month licensing cycle is simply not compatible. In order for compatibility to exist, the medical certificate should then be extended to a 48-month period. This would require the medical certificate to coincide with the license cycle of the individual.

2210-73 CO DPS, Denver, CO commented that the medical certificate should be the same length of time as the CDL. For the majority of the population four years would probably work fine. A person may develop an illness the day after a physical exam and there is no way of absolutely assuring a driver doesn't have a health problem. Since a two-year exam is just a periodic check, a longer period may also be appropriate. CO DPS further commented it would defer to medical experts for the length of time that would be best.

2210-74 Montana Department of Justice, Helena, MT commented that Montana is currently introducing legislation to lengthen the license cycle from 4 years to 8 years. If the legislation passes the tracking problem for medical certificates would be compounded.

2210-76 Florida Power & Light commented that the most efficient way to deal with the difference between the medical qualification and CDL renewal terms would be to standardize the renewals on an identical 4 year cycle.

(3)(a) Shorter intervals for older drivers/drivers with certain physical disabilities or progressive medical conditions

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Motor carriers are more aware of driver's physical conditions than any State licensing agency could ever be. To shorten or vary the interval of physical examination or CDL qualification would be discriminatory.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Pinnacle stated that discriminating against all "older drivers" or drivers with conditions which may be progressive is improper.

2210-8 California Department of Highway Patrol -- For those operators with progressive conditions (i.e., diabetes, vision, hearing) annual renewal would be beneficial.

2210-12 Hawaii Department of Transportation -- Possibly the Association for the Advancement of Automotive Medicine could be asked to address the question of more frequent recertification for older drivers too.

2210-15 Springs Industries, Inc., of Lancaster, SC commented that currently employers are required to insure that a driver who has problems is recertified by a medical professional as the need arises, e.g., driver returning from an extended sick leave or from being hospitalized. The license will not reflect this. Further, CDL licenses in most States are good for four years. In many cases drivers who have blood pressure problems need to be recertified on an annual basis. Otherwise, how would law enforcement personnel know that a driver should have had an annual physical when he is looking at a four-year license.

2210-16 Wyoming Department of Transportation -- Wyoming DOT stated that a reasonable renewal period should not exceed four years and more frequent intervals if there is an indication of a possible medical problem. Also, Wyoming DOT stated that acceptable medicals should be processed as part of a normal CDL application procedures. Otherwise, if a medical certificate indicates a real or potential medical problem the States' medical review process should be utilized. The completed and signed medical certification should become part of the States' records and be available for authorized use.

2210-21 Illinois State Police, Springfield, IL stated that States should be allowed to require shorter intervals as need dictates.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY commented that the particular medical condition, age of the driver, and even driving history should

be taken into consideration when determining updates and recertification criteria.

2210-29 Oklahoma DPS, OK City, OK commented that procedures are currently in place to review driver records of individuals with progressive medical problems. Legislation changes would be necessary to change the term any license is issued.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that other drivers and drivers with progressive medical conditions should be examined more frequently than others. This expansion of program activities would be costly.

2210-32 Wisconsin DOT, Madison, WI -- If any interval greater than four years is selected, Wisconsin DOT suggests that drivers over 70 be required to submit reports every two years.

2210-33 Trinity Industries Transportation, Dallas, TX commented that five percent of drivers under their responsibility have restrictions due to mild hypertension (1 year medical certification) and moderate to severe hypertension (90 days to 6 months certifications). Also, there are drivers with type II diabetes and under non-insulin dependent treatment; those drivers are on medical certifications of less than two years.

2210-34 Transtar (Railroads) Inc., Monroeville, PA commented that a change in an employee's medical condition which may cause the employee to be an unfit driver would be a sufficient reason to warrant a more frequent medical examination and certification.

2210-36 DPS, Anchorage, AK commented that shorter intervals for certain drivers could be established on an individual basis.

2210-38 St Mary's Medical Services Center, Maryville, TN believes that CDL test/medical qualification examination should be given yearly for medical conditions that could worsen with time and lead to an impaired ability to operate a vehicle safely.

2210-39 CA DMV, Sacramento, CA commented that shorter intervals may be advisable for drivers with progressive or potentially unstable medical conditions such as arthritis or beginning cataracts. However, CA DMV believes a review process which includes input from medical specialists should be used to identify those conditions, the ranges of severity, and driving related functional impairments which should be subject to shorter intervals.

2210-40 AAAM, Des Plaines, IL commented that there is justification for requiring more frequent evaluation under certain circumstances such as (1) advancing chronological age, (2) the appearance of a medical condition that may impair safe driving, or (3) the worsening of a condition previously stable. Such restrictions to driving large vehicles should be handled through the State's medical review process.

References from the medical and gerontological literature on the affects of aging can be provided.

2210-43 ATA, Alexandria, VA commented that if a condition is detected that requires more frequent monitoring, the medical examiner has the authority to require more frequent recertification. The ability to indicate the need for more frequent medical examinations has been enhanced by the recent change to the medical certification form which provides for entering the expiration date of the certificate rather than showing the date the examination was conducted.

2210-50 Oregon Public Utility Commission (OPUC) -- Drivers granted waivers should have waivers with an expiration date concurrent with the examination expiration. Some waiver conditions may require a more frequent review than the two years currently allowed for physical. Conditions warranting a closer review might include insulin controlled diabetes, seizure conditions, heart conditions, and high blood pressure.

2210-52 National School Transportation Association (NSTA) -- Medical recertification should occur every two years. This should be the employer's responsibility as to whether a shorter interval should be required for certain drivers due to age, disabilities, or conditions.

2210-53 ND Department of Transportation -- Requiring shorter license intervals for certain drivers only compounds the crowded conditions at existing licensing sites.

2210-56 AAMVA -- You may wish to consider a shorter validity period for drivers over a certain age.

2210-58 North Carolina DMV -- Drivers with progressive medical conditions may require yearly evaluations as well as those with physical disabilities such as driving with the vision or limb waivers.

2210-59 Roadway Express, Akron, OH -- Question: Will final authority remain with the FHWA in granting waivers to disabled drivers or is there consideration that this function may be at the State level along with proposed State verification processes?

2210-61 American College of Occupational and Environmental Medicine (ACOEM), Arlington Heights, IL -- The frequency of examinations should be fairly often, using some method of risk assessment based on the age of the individual and any medical impairment. For example, the length of certification might be extended to four years for persons under the age of 40 who are determined to be healthy and to have minimal health risks. Persons over 40 and under 55 who are determined to be healthy and to have minimal health risks would be certified for two years. Persons with

medical disease and concomitant impairments such as heart attacks, strokes, high blood pressure, or diabetes should be certified for a period of time appropriate to their health status, ranging from three months to one year. Person over 55 should have at least an annual medical certification. (see listing of conference reports attached to comment for evidence supporting these review times.)

2210-62 Oregon DMV -- Oregon does not believe that there should be different licensing periods or medical recertifications for differing groups of drivers such as older drivers or ones with physical disabilities that may be progressive. These drivers should be in the agency's medical monitoring system that determines whether or not the driver should be driving.

2210-64 Office of the Secretary of State, IL -- Under current Illinois statutes, renewal cycles do change dependent upon age. However, progressive physical disabilities need to be defined and criteria developed if shorter time frames are used.

2210-65 Ohio Department of Public Safety -- There should be shorter intervals for certain drivers based upon established medical criteria for certain types of conditions. Until there is a uniform standard for determination as to when older drivers, including those who do not operate CMVs, need to be re-evaluated, it does not appear necessary to set forth a particular age range. Certain conditions are progressive, and need periodic re-evaluation.

2210-67 Virginia DMV -- The most appropriate interval for medical recertification is when a change occurs in a driver's health. The employer is in the best position to monitor a driver's health record. In the absence of frequent contact with a driver, the short 2-year interval would be more productive than longer periods such as the 5-year renewal cycle.

2210-71 Idaho DOT -- Shorter intervals are appropriate for certain medical conditions. Idaho uses shorter periods as determined by a physician.

2210-72 North Dakota DOT, Bismarck, ND believes that States do not have the manpower nor the expertise to make the required detailed examination and determination for certain CDL disability applicants. One concern is that there is a different medical requirement in some jurisdictions between the intrastate and the interstate requirement for CDL drivers. Another concern would be that following the waiver program, Federal guidelines could establish a follow-up medical requirement for insulin dependent diabetics, meaning that the State would have to monitor the glucose levels on regular intervals throughout the year. This will complicate the process in doubling or tripling the workload of the State licensing agency as it relates to medical follow-ups.

(3)(b) Data to Support/Assist in determining appropriate medical recertification interval

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Farmland requires drivers aged 55 and older to take a physical examination annually. Heart attacks and other medical conditions were occurring at ages younger than 55, thus Farmland requires all drivers to be physically examined annually. This has not changed the occurrence or rate of medical conditions.

2210-8 California Department of Highway Patrol -- They have no specific data to support their position, but past experience has proven the two-year recertification process to be sufficient.

2210-12 Hawaii Department of Transportation -- Possibly the Association for the Advancement of Automotive Medicine or similar group could be asked to recommend an appropriate interval for medical recertification.

2210-39 CA DMV, Sacramento, CA commented that they are not aware of any data, however, State driver record databases might serve to provide information for studies of the issue.

2210-52 National School Transportation Association (NSTA) -- Study should be conducted to determine the answer.

2210-53 ND Department of Transportation -- ND-DOT currently has approximately 2,500 medical follow-up driver files. Adding the detailed review of all commercial driver medical certificates would require additional employees. Considering the budget constraints of the States, this would simply not be an acceptable alternative.

2210-67 Virginia DMV -- Drivers with progressive conditions are good candidates for more frequent monitoring, but don't agree with more frequent monitoring where age is the only factor.

2210-68 Iowa DOT -- The two-year interval has proven functional in the past, though room should be allowed for shorter periods at the doctor's discretion. A longer interval may result in a suit similar to that launched against FHWA's vision waiver program. Iowa is worried how certain drivers currently exempt from physicals will be affected. They also feel consideration should be shown for CDL holders not currently employed in jobs requiring physicals.

(3)(c) Obstacles to making licensing/medical intervals the same

2210-3 Farmland Industries, Inc., of Kansas City, MO -- State regulations may require alteration to accommodate additional personnel, fee alteration, and possibly licensing frequency rates. It also affords the option to alter the frequency rate of physical examination of drivers by the DOT. Any of the changes made to existing regulation will be time consuming, and likely costly to the driver applicant.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- Yes, there are obstacles - Tennessee has the "Drive for Five Program," which provides for expiration dates to range from three to seven years, depending upon the driver applicant's age at the time of his/her initial application.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Pinnacle also stated that there are several obstacles to making the license and medical intervals the same: (1) the two basic issues are not compatible; (2) shortening the licensing interval for "X" million CDLs would unnecessarily inflate taxpayers expense; and (3) physicals may be required at any time.

2210-8 Department of California Highway Patrol (CHP) of Sacramento, CA -- The CHP listed the following obstacles to making the licensing and medical certification intervals the same: (1) if the licensing and medical certification intervals were the same, every CDL issued in California (as well as many other States) would need to be renewed every two years, (2) the CDL/medical intervals would increase the associated costs of the CDL program substantially, (3) California's licensing entity would be required to issue twice the amount of renewal notices, double the amount of renewal tests, and issue twice the amount of "Certificate of Renewals," and (4) it would be very difficult to implement the project, since everyone's medical certificates and CDLs will not expire on the same date.

2210-12 Hawaii Department of Transportation -- An obstacle to shortening the licensing interval to match the medical certification interval could be cost to the drivers. There are costs associated with renewing a CDL, but there is only the cost of postage to send an updated copy of a "long form" to a driver licensing office.

2210-16 Wyoming DOT -- The only major obstacle in making the license and medical certification the same, other than logistical mechanics, will be for those States that have terms of licenses longer than the suggested maximum four-year term.

2210-25 Maryland DOT, Glen Burnie, MD commented that there are substantial obstacles to making the licensing and medical certification intervals the same. They are: (a) State driver license programs are geared to a five- or six-year cycle, not a two-

year cycle and while two years may be too infrequent for physical exams, five years is too long and, (b) if State driver license issuing agencies are forced to verify compliance with physical qualification requirements, they will be forced to take one of the following steps: (1) require commercial drivers to appear in person at a motor vehicle office every two years to show the DOT physical certification, (2) require CDL holders to submit copies of physical examinations every two years; or (3) mail a copy of the DOT physical certification to the Motor Vehicle Administration. Maryland DOT believes that this process, while appearing on the surface to be simpler, would be even less cost effective and is vulnerable to fraud.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY commented that obstacles involve agreement as to when the appropriate interval period will be. The licensing periods are statutorily set and would involve a great deal of reprogramming of the current license system and reprinting of forms.

2210-36 DPS, Anchorage, AK commented that there are certainly obstacles to shortening the term of the CDL to mirror the current medical review standard, not the least of which are the changes that would be required in the entire driver licensing systems and the degraded service levels caused by the increased business from CDL holders appearing in person at least twice as often as currently being done.

2210-39 CA DMV, Sacramento, CA commented that licenses in California are issued for four-year terms. Medicals are current two-year terms. The license renewal date rarely coincides with the date of the driver's medical exam because it is termed to birth date and not a fixed time from application. A system with the capability of setting a variable term license and the ability to regenerate a new license document without requiring a personal visit by the driver would be required to make it economically feasible.

2210-50 Oregon Public Utility Commission (OPUC) -- The obstacle to making the licensing and medical certification intervals the same occurs when a license is issued for 4 or more years. Physical intervals must be based on a person's physical condition.

2210-52 National School Transportation Association (NSTA) -- NSTA is not aware of any obstacles to making the licensing and medical certification intervals the same. They should be the same to cut down on the extra time and paperwork in having different intervals.

2210-54 Schneider National, Green Bay, WI did not really address the questions other than voicing concerns of "significant obstacles" to making licensing and certification intervals the same. Voiced questions of employer responsibilities in the event of medical conditions.

2210-58 North Carolina DMV -- Only obstacles are that the time frame for license renewal may be too great for medical recertification particularly in the 5-year renewal States. On the other hand, the renewal times could be shortened to meet the two year medical interval with amendments to State legislation.

2210-60 Chemical Waste Transportation Institute (CWTI) -- The biggest obstacle to melding the two programs is the fact that the CDL is valid for longer periods of time than the 2-year medicals. CWTI does not believe the 2-year medical should be shortened. At the same time, States are free to choose the duration of the CDL. States have the option to shorten the CDL to coincide with the medicals (as is done in Canada), or to notice the CDL recipient that their medical is expiring and request evidence of revalidation. This is being tested in jurisdictions such as Arizona. Enforcement is accomplished by a refusal to re-issue the CDL without evidence of a revalidated certification or through standard queries to CDLIS about the driver's status during inspections or enforcement actions. Because each driver will only have to interface with the State issuing their CDL, CWTI does not believe the process to link the medical qualification and the CDL must be the same in each State.

2210-64 Office of the Secretary of State, IL -- No. However, additional responsibilities indicate additional resources might be required.

2210-67 Virginia DMV -- Cost and additional resources are a huge obstacle if States are required to maintain a two-year medical program with the five-year cycle of a CDL. This obstacle would change somewhat if FHWA lengthened the cycle of the medical to match the CDL.

2210-72 North Dakota DOT, Bismarck, ND commented that requiring the medical certificate and the licensing interval to be the same would not relieve the workload and deciphering problems created at the licensing counter nor would it relieve the facility constraints that most jurisdictions must live with.

(4) Certification of Medical Examiners

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Certification for medical professionals is redundant to their other certifications. There has been evidence to support the need for some qualification requirements. Even though the instructions and parameters are listed on the physical examination form, it frequently happens that a driver will present a longform physical that does not contain all the necessary information.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- Medical examiners should be required to be certified and qualified to perform driver examinations. They should register with the FHWA perhaps through the Office of Motor Carriers in each respective State. A national network of medical examiners is a good alternative.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Medical examiners currently must be licensed, certified, and/or registered by the individual States, and an additional certification process would only be a redundant and costly waste of time. Pinnacle further commented that there is already a national network of medical examiners (refer to FHWA's definition of "Medical Examiner" found at §390.5).

2210-12 Hawaii Department of Transportation -- Requiring medical examiners to be certified seems like an expensive proposition that should be avoided. There should not be a national network of medical examiners. Each State should be free to determine the qualification requirements for its own examiners.

2210-16 Wyoming DOT -- Medical examiners must be qualified and should be certified to perform driver examinations. Only licensed doctors or optometrists/ophthalmologists (for vision) should be allowed to sign the medical certification. Proper training and certification of the medical examiners allowed to complete the medical certificate is the key to the success of the program. The ideal program would be to establish a national network of medical examiners.

2210-17 Terra International -- Medical examiners should also be able to follow the Federal guidelines. Terra is in mostly rural areas and access to physicians is difficult enough. This qualification would require that we seek out a particular physician when any medical doctor should be able to provide the service.

2210-18 Texas DPS -- Special training must be given to medical examiners to ensure that they know what the medical qualifications are for CDL holders.

2210-21 Illinois State Police (ISP), Springfield, IL commented that medical examiners

should be licensed physicians only. The commenter further stated that information regarding the physical qualification requirements can be distributed through medical journals and during medical seminars; there is no need to develop a national network of medical examiners. ISP questioned who would pick up the cost of such system and who would maintain it?

2210-22 Aramark Uniform Service commented that medical examiners should be certified since doctors are qualifying drivers who are clearly not medically fit.

2210-24 North Davis Family Medicine Center, Pensacola, FL commented that medical examiners should be qualified and certified to perform driver examinations the same way as the FAA -- any testing should be uniform. Further commented that current difficulties with medical waivers would be dramatically reduced should medical examiners be required to be certified prior to performing examinations.

2210-25 Maryland DOT, Glen Burnie, MD commented that the Federal government should establish and maintain a certification system and the six types of vehicles accepted by 49 CFR 390.3(f) should no longer be exempted.

2210-27 New York DMV, Albany, NY commented that physicians should be qualified and certified based upon familiarity with the medical qualifications. A national network of examiners would be helpful.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY believes that medical examiners should definitely be qualified and certified to perform driver examinations. If the State determined who could certify CMV drivers, it would curb abuse and unqualified medical personnel from processing certifications. A national network of qualified medical examiners would be one idea that Kentucky would consider.

2210-29 Oklahoma DPS, OK City, OK commented that all driver examinations should remain the responsibility of Driver License Examiners.

2210-30 TMC Transportation, Des Moines, IA commented that every company should be able to secure a physician that is qualified to perform a physical examination under § 391.43 of the Federal Motor Carrier Safety Regulations, but it should be a carrier choice, not a State choice.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that in Pennsylvania they allow any M.D. or a D.O. to perform physicals for licensing. PA has no objection to a C.R.N.P. or a P.A. also performing these examinations. These individuals are already highly trained and qualified to perform the work. Limiting the medical practitioners to those who acquire special certification creates several

problems. The certification process would be expensive to administer. In addition, commercial drivers could experience significant delays in licensing where a limited number of physicians perform the exam.

2210-32 Wisconsin DOT, Madison, WI believes that ideally medical examiners should be certified to perform the physical examinations. Qualified examiners would greatly reduce the time required by DMV to review and return inaccurate and incomplete reports. Wisconsin supports some type of national network of medical examiners.

2210-33 Trinity Industries Transportation, Dallas, TX commented that medical examiners should be required to be qualified and certified to perform driver examinations and be tested for knowledge of DOT medical criteria.

2210-36 DPS, Anchorage, AK commented that medical examiners need only be medical doctors. Certification of doctors would only add a redundant requirement.

2210-38 St. Mary's Medical Services Center, Maryville, TN commented that all DOT physicals are not the same and therefore believes that it should be required for any examiner other than a licensed medical doctor or a doctor of osteopathy to have a qualification examination to be certified to perform such examinations. Recommends the examiner certificate be valid for 5 to 6 years.

2210-39 CA DMV, Sacramento, CA commented that California has no experience in certifying medical examiners to perform the driver medical exams. If certification of medical examiners is required, the driver licensing agency is not the appropriate certifying agency. It is more appropriately performed by the State's medical licensing boards. Certification would limit the choice of medical examiners available to the driver and the employer.

2210-40 AAAM, Des Plaines, IL believes that a national program to train and certify medical examiners to perform CDL examinations should be established. Such a program would work most effectively if organized and administered in the private sector in cooperation with State and Federal agencies and the motor carrier industry. In addition to being cost effective, the program would create a national network of medical examiners certified on national standards.

2210-43 ATA Alexandria, VA stated that because of the tremendous size of the population subject to commercial driver medical qualification (6.3 million compared to some 750,000 subject to all levels of FAA medical requirements) it doubts the feasibility of creating a network of federally-certificated medical examiners which would adequately serve the commercial driver population. The ATA believes that any medical practitioner authorized by State law to administer physical examinations is competent to

administer the examination mandated by the FMCSRs. ATA further stated that the quality of examinations can best be improved by a concerted effort to develop adequate guidelines which can be disseminated to the medical profession through its professional organizations.

2210-44 Somerset County Truckers Association, Inc., Somerset, PA commented that any qualified medical physician should be permitted to perform examinations with the requirement of certification.

2210-46 CVSA, Bethesda, MD commented that it has been the experience of some Alliance member jurisdictions that some medical examiners fail to learn the US DOT medical qualification standards and sign medical examination forms and issue medical certificates to drivers who have disqualifying medical conditions. The idea of requiring medical examiners to be qualified and certified is very appealing. However, we recognize that requiring medical examiners could be costly and complex. The first hurdle would appear to be getting the authority to regulate the medical profession.

2210-50 Oregon Public Utilities Commission (OPUC) -- OPUC believes that the qualifications and requirements for medical examiners and the examinations they perform are adequately set out in 49 CFR and can be equally applicable to both intrastate and interstate drivers.

2210-52 National School Transportation Association (NSTA) -- NSTA does not believe the medical examiners should be Federally certified. States currently certify medical examiners and this should be sufficient for the Federal program.

2210-53 North Dakota Department of Transportation (ND-DOT) -- Yes, they should be qualified. The problem is assuring the person who signs the certificate actually performed the exam and fully understood the requirements for issuing the certificate. Another problem is lack of follow-up to doctors/clinics that inappropriately issued certificate and instructing them in the DOT requirements. Monitoring the medical facility should not become the State's responsibility. Should consider a national network for medical examiners.

2210-54 Schneider National, Green Bay, WI -- It is imperative that any medical examiner administering certifications be certified. Because of the tremendous size of the population subject to the medical qualifications, doubts the feasibility of creating a network of federally certified examiners that could adequately serve the commercial driver population. For this reason, Schneider fears a requirement for Federally certified examiners.

2210-56 AAMVA -- Training and certification of examiners is needed. Many physicians are unfamiliar with the FMCSRs and there is inconsistency in reporting/certifying

drivers. Qualified examiners would greatly reduce the time required by the DMV to review and return inaccurate/incomplete reports. A national training program should be established for this. Periodic training with newsletter updates could be accomplished to keep doctors well informed. A national network of certified examiners is also desirable.

2210-58 North Carolina DMV -- No. Medical examiners are already trained to perform the exams. Forms may need to be standardized to assure that all examiners see the same type. Should not establish a national network of medical examiners, but there should be a concerted effort on the part of FHWA to notify the various State medical associations of the importance of accurate exams and cooperation with licensing agencies.

2210-59 Roadway Express, Akron, OH -- Medical examiners do not need to be certified to perform the work which they trained 8+ years for. They would however need orientation tools that accurately list the limits that are considered qualification minimums.

2210-61 American College of Occupational and Environmental Medicine (ACOEM), Arlington Heights, IL -- Certification of medical examiners would ensure consistency. Professionals should be qualified and certified to perform exams. They must be able to demonstrate knowledge of the physical qualification requirements and how they relate to the unique working conditions of truck drivers. Training and certification could be provided by organizations that are credentialed by the FHWA. ACOEM proposes that FHWA develop criteria for credentialing of approved certification programs, to be recertified on a regular basis (like every six years).

2210-62 Oregon DMV -- Any physician that meets the qualifications and requirements of medical examiners as set out in § 391.41 should be able to complete the medical examination report form. It is very important that the form be simple to use by the examiners and provide the info necessary for the licensing agency to determine whether or not the driver is qualified. The physician does not need to know the specific requirements of § 391.41. The key is the form.

2210-63 Washington State, Department of Licensing -- Examiners should be licensed within the parameters of current State laws. There should not be a national network.

2210-64 Office of the Secretary of State, IL -- A medical form should be submitted signed by a licensed physician. This will maintain consistency with present qualifications for non-CDL holders. Currently, in Illinois, all physicians must be properly licensed and certified. There should not be a national network of medical examiners.

2210-66 United States Postal Service -- The quality of the CDL physical exams might

be enhanced if doctors were medically certified by the State to perform them.

2210-67 Virginia DMV -- No. Medical qualifications are sufficient. To get into a certification program is to limit access of available medical sources to the employer/driver. Costs would most likely be passed on to the employer/driver (most likely in form of an increase in fee for CDL). There absolutely should not be a national network of medical examiners.

2210-68 Iowa DOT -- Current qualifications in § 390.5 should be maintained.

2210-70 Illinois DOT -- Medical examiners should be licensed physicians only. There is no need for a national network of examiners.

2210-71 Idaho DOT -- Certification of medical examiners is not necessary. Examiners already received the required training. In addition, if examiners are required to be certified, many could choose not to comply, leaving drivers and companies without examiners in many rural locations. A better approach may be employer or driver penalties for allowing unqualified drivers to drive CMVs.

2210-72 North Dakota DOT, Bismarck, ND commented that a physician or licensed medical practitioner should be qualified to perform medical examinations. ND DOT further stated that the problem area of the past has been assuring that the person signing the medical certificate actually performed the examination and fully understood the requirements for successful issuing of the certificate. A national network for medical examiners is a consideration; however, enforcing the compliance with such a requirement is an entirely different matter.

2210-73 CO DPS, Denver, CO commented that medical examiners should not be required to be qualified and certified to perform driver examinations because they go to school for four years. Their medical school diploma and equivalent degree should be the most efficient means to qualify and certify medical examiners. To require them to be qualified and certified would be burdensome and excessive paperwork.

2210-76 Florida Power & Light commented that medical examiners should not be required to be qualified and certified; instead any licensed medical doctor should be able to be used.

(5) If CDL Cannot Function as Medical Card-- Should Driver Carry Separate Document

2210-3 Farmland Industries, Inc., of Kansas City, MO -- If the CDL cannot serve as the function of the current medical certificate drivers should continue to carry a separate document. The existing system has been in place for years and it is questionable whether the system is broken or if it needs repairs at all.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- Drivers should continue to carry separate document to show physical fitness if CDL cannot serve the function of the current medical.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Yes, drivers should continue to carry a medical card separate from the CDL; but there is nothing stopping you from combining the two cards currently required into one card certifying the written exam, physical condition, and general qualifications. There is not reason to adapt another system for a non-problem.

2210-8 Department of California Highway Patrol, Sacramento, CA -- The CHP stated that if the CDL program cannot serve the function of the medical certificate, the current physical qualification program should remain intact. The CHP believes that law enforcement personnel must have some method of establishing the driver's physical qualification status, otherwise the medical certification program would be valueless.

2210-12 Hawaii Department of Transportation -- Requiring drivers to carry a separate medical card does not seem arduous and is probably less expensive than updating a driver's license.

2210-14 McCorkle Truck Line, Inc. -- It is not so much the certificate the driver carries as it is the report of medical qualification that is maintained by the motor carriers in their files. It is this protection that keeps the unsafe driver off the road in a CMV.

2210-15 Springs Industries, Inc. commented that we should not eliminate the good control we currently have. Keep the requirement for the driver to carry the medical certificate. This will allow law enforcement personnel to determine that the driver has or has not met the most recent physical requirements.

2210-16 Wyoming DOT -- There is no reasonable reason why the CDL cannot serve the function of the current medical. The separate medical certificate program currently being used, is inefficient, confusing, ineffective and unenforceable.

2210-17 Terra International -- This question states that the plan may not work, therefore, we are back to cumbersome regulations. We need to move forward. Rather

than backing up, the DOT needs to move ahead, delete unnecessary paperwork and allow computerized files.

2210-18 Texas DPS -- If the CDL cannot serve the function of the current medical certificate the driver should continue to carry a separate document.

2210-21 Illinois State Police commented that they prefer the CDL and medical card be one document.

2210-25 Maryland DOT, Glen Burnie, MD commented that if the CDL cannot serve the function of the current medical certificate, the current system should be retained.

2210-27 New York DMV, Albany, NY commented that the driver should carry a separate document if the CDL cannot serve the function. However, New York DMV believes the CDL can serve as the medical certification if viable Federal rules are written, and would be preferable.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY does not believe that the CDL is serving as a dual document now because of the lax verification process by some States. Until there is some definite advances made by all States to verify the validity of a driver's medical qualification prior to issuance of a CDL the DOT medical certificate should be carried as a separate document.

2210-29 Oklahoma DPS, Ok City, OK commented that a medical certificate as part of the license is a viable option. The adverse aspect would be the additional cost of the license.

2210-30 TMC Transportation, Des Moines, IA commented that the system, as it is now is sufficient for medical qualifications. Perhaps it should be mandatory for the driver to carry a copy of his long form physical rather than a medical card.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that the driver should still be required to carry a medical certificate.

2210-33 Trinity Industries Transportation, Dallas, TX stated that if the CDL cannot serve the function of the current medical certificate, drivers should continue to carry a separate document to show physical fitness.

2210-36 DPS, Anchorage, AK believes that drivers should continue to carry a separate document to show physical fitness.

2210-38 St Mary's Medical Services Center, Maryville, TN recommends periodic revalidation and if possible incorporating the medical examiner's certificate into the CDL,

if the CDL cannot serve the function of the current medical.

2210-39 CA DMV, Sacramento, CA commented that if the CDL cannot serve the function of the current medical certificate, drivers should continue to carry a separate document to show physical fitness. The separate document should be carried only until the medical status can be integrated with the license by all States. Having a system where some States integrate the medical and others do not would be difficult to enforce.

2210-40 AAAM, Des Plaines, IL commented that evidence to date overwhelmingly supports the principle that the CDL should be prima facie evidence that a commercial driver meets the appropriate current medical standards.

2210-43 ATA, Alexandria, VA believes that the current requirement for the driver to carry a medical certificate while on-duty provides a simple, clear-cut means to indicate that the individual is medically qualified to operate a commercial motor vehicle. The ATA stated that the trucking industry supports the continued use of the separate medical certificate by drivers.

2210-44 Somerset County Truckers Association, Somerset, PA commented that if the CDL cannot serve the function of the current system the current system of carrying either the medical card, the long form physical or both should be continued, per individual company policy.

2210-50 Oregon Public Utilities Commission (OPUC) -- If the CDL cannot serve the function of the current medical certificate, a driver should be required to carry a separate document. A review of the valid medical card presented to the State licensing agency should take place prior to issuance of the CDL.

2210-52 National School Transportation Association (NSTA) -- A separate document to show physical fitness would be preferable, unless the current four year period for CDLs was required for medical certificates.

2210-53 North Dakota Department of Transportation (ND-DOT) -- Yes, they should continue to carry two separate documents.

2210-54 Schneider National, Green Bay, WI -- Drivers should continue to carry separate documents to show physical fitness. Asks questions about how employers would know whether or not drivers passed/failed D&A tests/how current they have to be.

2210-56 AAMVA -- If the two can't be merged, drivers should be required to carry a separate document indicating physical fitness. There are several problems with merging the two programs. There must be some indicator present on the license or the driver record indicating intrastate only vs. interstate, indicators for restrictions (corrective

lenses/hearing aid). The problem is the amount of space available on State's licenses in which to place a medical indicator.

2210-58 North Carolina DMV -- Yes. Yes. (see answer to questions for number 3.)

2210-59 Roadway Express, Akron, OH -- Yes, unless there is a validation system that allows medical examiners to periodically update the individual's certificate to support the CDL.

2210-62 Oregon DMV -- The CDL can serve the function of the current medical certificate.

2210-63 Washington State, Department of Licensing -- A separate document showing fitness should be carried if the CDL cannot serve the function of the current medical certificate. The expiration date could also be entered on the driving record and/or the face of the license.

2210-67 Virginia DMV -- Virginia has not received complaints from drivers about having to carry the medical certificate as a separate document. Based on this, drivers should be required to continue to carry the two separate documents.

2210-70 Illinois DOT -- Illinois DOT prefers using CDL with medical certificates included. There would be no separate medical card.

2210-71 Idaho DOT -- Carrying a medical card in one's wallet does not seem like an undue burden. Creating additional bureaucracy to replace a piece of paper the size of a credit card does not make sense.

2210-72 North Dakota DOT, Bismarck ND commented that drivers should carry two separate documents if the CDL cannot serve the function of the current medical certificate. Additionally commented that the mere possession of a CDL license will not be a valid indicator of physical fitness to drive a commercial vehicle simply because of the number of exemptions to the medical requirements.

2210-73 CO DPS, Denver, CO commented that drivers should continue to carry a separate document if the CDL cannot serve the function of the current medical certificate.

2210-76 Florida Power & Light commented that if the CDL cannot serve the function of the current medical certificate, drivers should continue to carry a separate document to show physical fitness.

(5)(a) Adaptation of Mexican/Canadian System

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Farmland believes that an adaptation of the foreign (Canadian/Mexican) systems might work well, provided the revalidation of a license would not require additional paperwork for issuing agencies or alter fees now collected. A certificate of physical examination for revalidation could be issued and carried in a manner such as the license and physical certification are now carried.

2210-8 Department of California Highway Patrol -- The CHP commented that the Mexican or Canadian systems would be beneficial if safeguarded against fraud. The CHP further commented that currently the Mexican system displays a series of "expiration date" boxes on the front of the CDL; the boxes indicate the years the driver's medical certification will expire. The CHP believes that the Mexican system does not portray whether or not the driver actually renewed or passed the required medical exam. The CHP stated that even if the date boxes were "stamped" or "hole-punched," this could easily be completed to circumvent the medical certification requirements. The CHP also stated that there needs to be some way to delineate the driver's current medical status without facilitating fraud.

2210-16 Wyoming DOT -- The Mexican and Canadian systems would be more acceptable than a separate document as long as it is part of the State's driver's licensing system.

2210-18 Texas DPS -- An adaptation of the Mexican/Canadian system would work.

2210-21 Illinois State Police stated that the Mexican and Canadian systems would be an acceptable option.

2210-39 CA DMV, Sacramento, CA commented that its understanding of the Canadian and Mexican systems is that the driver license is manually marked with each medical renewal. While this type of system has its advantages, there is a potential for fraud.

2210-46 CVSA, Bethesda, MD commented that the Alliance's evaluation of the Canadian medical fitness qualification system led them to ask the question why the Canadian issued commercial driver licenses that tie the driver medical qualification to the license had not been adopted by the U.S. The Canadian system which requires updating interim medical qualification status seems to be more comprehensive than the U.S. system. The CVSA suggests that in lieu of requiring medical examiner certification, FHWA should study and consider two elements of the Canadian Medical qualification process: (1) medical examiners notify the driver licensing agency of any

driver with an unqualifying medical condition at any time of examination and determination rather than only at time of biannual physical, and (2) encourage State medical associations and State medical examiner licensing boards to educate medical examiners about commercial motor vehicle driver medical requirements and sanction those medical examiners who qualify medically unqualified drivers.

2210-50 Oregon Public Utilities Commission (OPUC) commented that adaptation of the Mexican or Canadian systems allowing a periodic revalidation requirement is feasible.

2210-53 North Dakota Department of Transportation (ND-DOT) -- The Mexican and Canadian system would only be workable if all exemptions to the medical qualifications are eliminated. The States would need to be reimbursed for the additional man hours and facility costs necessary to administer the program.

2210-64 Office of the Secretary of State, IL -- No. Currently, this system has not shown to be effective because consistent monitoring is not taking place. Current licensing procedures and CDL procedures should remain as consistent as possible (rather than adapting Mexican/Canadian systems).

2210-65 Ohio Department of Public Safety -- Most efficient system seems to be using the CDL to serve for both documents (license and medical). An adaptation of the Mexican/Canadian systems would be an effective means of utilizing a single, universally recognized document.

2210-72 North Dakota DOT, Bismarck ND commented that the Mexican and Canadian systems would only be workable if all exemptions to the medical qualifications are eliminated. The States would need to be reimbursed for the additional man-hours and facility costs necessary to administer the program.

(6) Variation among States

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Federal Government involvement or mandates might well complicate any efforts of the States to link the issue of a CDL and the physical exam. Associations such as CVSA and AAMVA are working toward uniform enforcement and compliance requirements.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- All States should be required to use one approved medical form to insure consistency with the program and less confusion when a driver transfers from one State to another.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Minimum physical standards should be the same for all CMV operators. The layout of the form is immaterial as long as the data is clearly discernable.

2210-8 California Department of Highway Patrol -- To comply with "uniformity" regardless of the type of system decided upon, all jurisdictions, including Mexico and Canada should be required to conform with the same program. This will simplify both enforcement efforts, and compliance by CMV operators.

2210-12 Hawaii Department of Transportation -- All States should not be required to use medical forms with the same content. States should be presented with facts that document the value and validity of a suggested medical form.

2210-16 Wyoming DOT -- A standard approved medical form should be adopted and used by all States. States should be granted the ability to establish regulations that are equal to or greater than the minimum established standards. The established medical standards and guidelines should be compatible with standards established in Mexico and Canada.

2210-17 Terra International -- No variation among State rules should be allowed. It is virtually impossible to keep up with the rules of forty States and maintain any sort of compliance.

2210-18 Texas DPS -- All States must conform to the same medical standards for the program to be effective. There are many truck and bus drivers that change their State of residence. Medical forms must be the same from State to State. Many different truck and bus companies have drivers based and licensed in different States.

2210-21 Illinois State Police stated that there should be no variation from State to State where CDL provisions are concerned. However, ISP believes that exceptions could be allowed for those drivers operating a CMV between 10,001 and 26,000 gross

vehicle weight rating.

2210-25 Maryland DOT, Glen Burnie, MD believes that no variation is reasonable. For uniformity, a single Federally supplied form should be provided and the forms should be controlled and numbered.

2210-27 New York DMV, Albany, NY commented that States should be allowed some flexibility in program administration unless full funding and appropriations are made by the Federal government. Additionally, there should be a universal medical form for all States to use.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY believes all States should be required to use one approved medical form.

2210-29 Oklahoma DPS, OK City, OK commented that no variation among State programs should be allowed. This would be contradictory to the entire intent of the CDL program.

2210-30 TMC Transportation, Des Moines, IA commented that CDL programs between States are a joke. All States have different requirements and costs and very few are set up to provide CDL information to all States. Add medical requirements to this and it would be disastrous.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that the medical standards to be met should be the same for all States. Paperwork and reporting forms could be designed by each State in order to fit its own program processing requirements.

2210-32 Wisconsin DOT, Madison, WI commented that it would be ideal for all States to use the same medical standards and the same medical form. We do not support any requirement that States participate or risk the loss of Federal Highway funding.

2210-33 Trinity Industries Transportation, Dallas, TX believes that there should be no variation among State programs. Trinity is currently in disagreement over various States' exemptions and waivers for vision, age, etc., and is opposed to future Federal waivers for drivers with epilepsy or insulin dependent diabetes.

2210-34 Transtar (Railroads) Inc., Monroeville, PA believes that the guidelines on the physical examination form are lengthy and need revision. Revisions to the guidelines and the examination should reduce costs and save time without negatively impacting the quality of the examination.

2210-36 DPS, Anchorage, AK commented that standardization of forms and programs

would be beneficial and probably less costly.

2210-38 St Mary's Medical Services Center, Maryville, TN recommends updating the medical examiner's form and making it uniform in the USA. Also, St Mary's commented that it would like to see consistency of State waivers and uniform age requirements.

2210-39 CA DMV, Sacramento, CA believes that the FHWA should continue to set the physical qualification standards, provide a model medical form, and set standards for the content of the medical exam, etc. States should be allowed to exceed FHWA requirements if they believe their program provides a higher level of traffic safety.

2210-40 AAAM, Des Plaines, IL commented that States should be required to meet minimal performance criteria that satisfy a required set of objects. States should not be required to adopt identical programs. Rather, States should be given the opportunity to build on their existing infrastructures. This would not only be cost effective for the States, but would be an incentive for States to accept a Federal mandate to take on the responsibility of CDL medical fitness certification. Also, a uniform medical examination form is desirable.

2210-43 ATA, Alexandria, VA commented that it is aware of widespread dissatisfaction with the present examination form and of the efforts to develop an improved medical form being carried on in conjunction with the Association for the Advancement of Automotive Medicine. The ATA believes an improved form is badly needed. Further ATA commented that while complete uniformity is conceptually desirable, it believes that there can be flexibility in the arrangement of information elements and perhaps, allowance for the inclusion of additional job-related medical information in some circumstances.

2210-44 Somerset County Truckers' Association, Somerset, PA commented that no variation among State programs is reasonable.

2210-46 CVSA, Bethesda, MD believes that all States should be required to use one approved medical examination form for consistency and ease of completion by the health care professionals and for State licensing agencies when accepting a physical examination conducted in another State. At the minimum, each State's physical examination requirements should contain essential elements common to all States and consistent with Federal regulations.

2210-49 Thompson Bros., Inc., Sioux Falls, SD -- State to State variations and exemptions regarding the issuance of CDL's [if this process is merged with medical certification] could mean that a driver would be fully qualified to drive in one State, but not qualified in another State. This could result in numerous legal nightmares for drivers and employers to try to straighten out.

2210-50 Oregon Public Utilities Commission (OPUC) -- At the minimum, each State's physical examination requirements should contain essential elements common to all States and consistent with Federal regulations. States should be allowed to continue to issue waivers for certain physical conditions for drivers operating in intrastate commerce, as long as the State can demonstrate that the program has no adverse effect on highway safety.

2210-52 National School Transportation Association (NSTA) -- NSTA believes FHWA needs to review the State medical forms to ensure that a high enough standard is met to accomplish the purpose and not bring every State down to a minimum standard.

2210-53 North Dakota Department of Transportation (ND-DOT) -- If these proposed rules were to become a reality, uniformity would become a must.

2210-54 Schneider National, Green Bay, WI -- Should and can be flexibility in the forms and in the information requested, as well as an allowance for the inclusion of additional job related medical info in the questionnaires.

2210-56 AAMVA -- States should be required to follow the same basic program guidelines, but some flexibility is acceptable. Should be required to use one approved medical form.

2210-58 North Carolina DMV -- Each State has its own method for issuing licenses. As long as the recertification period is the same and the CDL is recognized as verification that the CMV driver has completed the required medical exams, other requirements are irrelevant. All States should be required to use one approved medical form if that form has all the info required by that State.

2210-59 Roadway Express, Akron, OH -- Should verification authority be moved to the individual States the medical exam form should remain in a constant form State to State. If the States were allowed different forms who would be required to supply the forms? For national companies, the stocking costs would be magnified by 49 new forms and their storage.

2210-62 Oregon DMV -- States should be allowed to design their own medical exam report form as long as the form can provide the info necessary to ensure that the driver meets § 391.41.

2210-63 Washington State, Department of Licensing -- States should use one standard form. If not, the evaluation process will be made more difficult when transferring out-of-State drivers.

2210-64 Office of the Secretary of State, IL -- The less variation among the States, the more effective the program. States should be allowed to develop their own form. However, certain like info should be required on all States' forms. States could add additional info as desirable.

2210-65 Ohio Department of Public Safety -- All States should be required to use one approved medical form. Express some concern over probable use of supplemental forms by States to accommodate medical requirements unique to those States. Too much variation in the program will ruin its credibility and effectiveness.

2210-66 United States Postal Service -- Medical forms should be standardized for use by each State.

2210-67 Virginia DMV -- Should the medical certification program be merged with the CDL, then a standard form is recommended. The CDL is a national license and the program should have as little variation among States as possible.

2210-68 Iowa DOT -- A universal physical form should continue to be used in all States. Allowances may be made for information to be added but not deleted.

2210-70 Illinois DOT recommends all States use a standard medical form. Exceptions could be allowed for drivers of CMVs between 10,001 and 26,000 lbs GVWR. Recommend that medical card be required even for non-CDL CMV operators.

2210-71 Idaho DOT -- One standard medical form would be acceptable.

2210-72 North Dakota DOT, Bismarck, ND commented that there has always been a wide variation among States when it comes to medical requirements. Most jurisdictions have a medical requirement for the basic licensing process. The CDL medical requirements are somewhat more rigid; however, they are less rigid in most cases for intrastate drivers than they are for interstate drivers. If these proposed rules were to become a reality, uniformity would become a must.

2210-73 CO DPS, Denver, CO -- All States should be required to use one approved form for validity. The forms wouldn't have to be identical but should capture the same data.

2210-76 Florida Power & Light commented that renewal terms and minimum requirements for CDL and medical certification should be uniform throughout the country.

(7) State Participation in Medical Examination or Verification Program

2210-3 Farmland Industries, Inc., of Kansas City, MO -- If regulations mandate participation for one or some States, the participation should be for all States.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- All States should not be required to participate in a medical examination or verification program for CDL applicants.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- No State should be required to participate in a medical examination or verification program for CDL applicants. The physical qualifications for work are job specific, while the operating skills required for a CMV are vehicle specific. You are improperly equating two, distinct issues.

2210-12 Hawaii Department of Transportation -- States should not be required to participate in a medical examination or verification program for CDL applicants. States should be allowed to make decisions for themselves.

2210-16 Wyoming DOT -- All States should be required to participate in a license-based program. The CDL verification program will not be effective until this is accomplished. The participation should be required as soon as practical. The date should be set far enough in the future to allow States to prepare and pass legislation (where required), establish personnel and budgetary needs and to design, test and implement necessary changes to their licensing and record systems.

2210-17 Terra International -- States should absolutely participate in verification and certification program.

2210-18 Texas DPS -- All States should be required to participate in a medical examination or verification program. A gradual phase-in process should be allowed with a specific date that all States must have their programs in place (similar to how the CDL process was implemented). Allow a phase-in period of four to six years, with a mandatory compliance date.

2210-21 Illinois State Police stated that the responsibility of implementing this program would come under the Illinois Secretary of State, and therefore, would defer response to State participation to that office.

2210-22 Aramark Uniform Service commented that there should be standardized DOT requirements for State participation in the medical examination/verification process since too many differences already exist among the States.

2210-25 Maryland DOT, Glen Burnie, MD commented that States should not be required to participate in a medical examination or verification program except upon initial CDL application. Maryland DOT believes that many drivers may be unemployed or seeking employment which would not require a CDL. These drivers should not be penalized financially by having to obtain a driver's physical every two years. Passing a physical prior to returning to drive should be more than sufficient. Maryland DOT would have no objection and believes there would be very little costs if the States were required to look at medical certificates prior to issuing a CDL Learner's permit or initial CDL if everyone were required to have one of the two.

2210-27 New York DMV, Albany, NY commented that participation should be required six years from the date of regulation promulgation.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY commented that all States' representatives should be trained in medical requirements and verification procedures. Participation by all States should be completed prior to any new procedure implementation dates.

2210-29 Oklahoma DPS, OK City, OK commented that this program should be all or none. A reasonable time for implementation should be established which would allow all States to make necessary changes to comply.

2210-30 TMC Transportation, Des Moines, IA commented that all States should be required to participate in a medical examination or verification program. All States should require a long form physical to be in the driver's possession when obtaining a new CDL or transferring from a different State. States should then be required to spot check and confirm medical certificates with the doctor's records.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that all States should not be required to participate in a medical examination or verification program unless the Federal government provides permanent funding of the significant costs associated with the program. This funding should include staffing costs, computer system costs, forms development and printing, and mailing costs.

2210-32 Wisconsin DOT, Madison, WI believes that if all States should be required to participate in a medical examination program for interstate drivers, it is important that States have the opportunity to take lead roles in determining what the standards shall be, how the reports should look, under what circumstances waivers shall be allowed, physician qualifications, etc. States have not been included and do not agree with the current Federal Medical standards (e.g., standards based on diagnosis). Therefore, Wisconsin DOT would be unwilling to manage the program unless significant changes are made.

2210-33 Trinity Industries Transportation, Dallas, TX commented that no State should be required to participate in a medical examination or verification program for CDL applicants.

2210-34 Transtar (Railroad) Inc., Monroeville, PA recommends that all States be required to have a driver medical certification process. This would enhance safety and promote uniformity throughout the country.

2210-36 DPS, Anchorage, AK commented that States should not be required to participate in a medical examination or verification program for CDL applicants. Should States be required to participate, no less than a five-year implementation schedule should be adopted.

2210-39 CA DMV, Sacramento, CA believes that all States should participate in medical examination or verification program for CDL elements. Such participation would enhance the integrity of the CDL program, reduce fraud, reduce errors, and help ensure only drivers who meet the physical standards are allowed to drive commercial vehicles. Further, the States should be given a reasonable period to devise and modify their system and processes and obtain the resources.

2210-40 AAAM, Des Plaines, IL commented that in order to establish a national CDL licensing program that includes medical fitness certification, all States should be required to participate. Sufficient lead time should be granted, however, to allow States to put into place any necessary legislative changes, to hire as needed and train staff and to ensure that the States' current administrative procedures and record systems can absorb the additional workload. A compliance date of three to four years seems reasonable.

2210-43 ATA, Alexandria, VA commented that the applicability of the standards needs to be extended to all drivers of such vehicles who operate in intrastate commerce; not just those required to have a CDL.

2210-46 CVSA, Bethesda, MD commented that if the medical examination or verification program for CDL applicants is adopted, all States should be required to participate in such a system with appropriate time frames to come into compliance.

2210-50 Oregon Public Utilities Commission (OPUC) -- All States should be required to participate in a medical examination or verification program. A driver's medical status should be available on the CDLIS computer accessible to other States' licensing and enforcement personnel. Participation by all States should be required within two years of the effective date of this rule.

2210-52 National School Transportation Association (NSTA) -- All States should be required to participate in a medical exam or verification program for CDL applicants.

2210-53 North Dakota Department of Transportation (ND-DOT) -- Took no position really. Imply that if it be mandatory, would have to eliminate all exemptions, clean up current rules/regs relative to medical requirements, and considerable lead time would have to be given.

2210-54 Schneider National, Green Bay, WI -- Schneider supports cost effective uniformity among the States in aspects of truck safety regulations.

2210-56 AAMVA -- All States should be required to participate. A gradual phase in process similar to the CDL implementation should be allowed (four to six year phase-in period). States should be permitted to participate in developing procedures for any mandated program.

2210-58 North Carolina DMV -- All States should be required to participate immediately upon State issuance of the first CDL.

2210-59 Roadway Express, Akron, OH -- Requirement of any one State to participate in such a verification should require all States to maintain uniformity. State integrity on the highways comes from the uniform enforcement of those regs designed to protect the motoring public.

2210-60 Chemical Waste Transportation Institute (CWTI) -- All States should be mandated to participate in such a verification program as a condition to receive MCSAP funding. Absent mandatory participation by States, OMC would have to provide two sets of regs to verify driver medicals. One set of rules would apply to those States choosing to verify requirements. The other set of rules would apply to carriers in States choosing not to verify medicals. These carriers would need to maintain the driver medical qualification files.

2210-61 American College of Occupational and Environmental Medicine (ACOEM), Arlington Heights, IL -- Physical qualifications should apply in every State, not varying. A national standardized system would improve efficiency for the industry and allow medical status information to be shared and checked among States as part of the CDL process.

2210-62 Oregon DMV -- All States should be required to participate in a medical examination/verification program. The drivers medical status should be available on the CDLIS accessible to other jurisdictions' personnel.

2210-63 Washington State, Department of Licensing -- All States should participate

in the program within two to four years of adoption.

2210-64 Office of the Secretary of State, IL -- All States should be required to participate. This could mean network communication between States about medical conditions and records and information could be exchanged.

2210-65 Ohio Department of Public Safety -- All States should be required to participate in the program for CDL applicants, only if the FHWA is willing to support the program through fiscal means. A minimum four year time frame for implementation would also be required.

2210-67 Virginia DMV believes the medical certification program should remain with the employer. In terms of compliance and uniformity, regulatory functions should remain at the Federal level.

2210-68 Iowa DOT -- Yes, all States should be required but FHWA should allow sufficient time for legislation and implementation.

2210-70 Illinois DOT strongly opposes forcing each State to implement this merger, especially under threat of highway sanctions. Can support States willing and able to undertake the merger. Illinois does not have the resources to implement this at this time.

2210-71 Idaho DOT -- States should not be required to participate in an extensive examination program. It would be reasonable to require the States to view medical cards prior to CDL issuance. There should first be a quantifiable problem that impacts safety before adding more regulation.

2210-72 North Dakota DOT, Bismarck ND commented that in order to mandate that States participate in a medical examination or verification program, an enormous amount of cleanup and revision work must be done both with Federal rules and regulations relative to medical requirements and those exempted from them and also State level medical rules and regulations. In order for this to be accomplished, considerable lead time would be required and clarification would be necessary in the existing medical requirements under 49 CFR 391.41.

2210-73 CO DPS, Denver, CO commented that all States should be required to participate in a medical examination or verification program for CDL applicants if funding is available (thru MCSAP or other sources) and adequate lead time is allowed (3-5 years).

2210-76 Florida Power & Light commented that all States should be required to participate in a medical examination or verification program for CDL applicants.

(8) Role of Motor Carriers in verification/medical examination system

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Shippers or users of motor carriers should not be held liable or responsible for any portion of the driver qualification/licensing. A carrier has been and should continue to be accountable for qualification of the drivers it employs.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Those who employ or use motor carriers are understood to be shippers and receivers of property. We do not believe consumers of transportation service have a role in the qualification of CMV operators.

2210-16 Wyoming DOT -- There should no longer be a requirement for employers to maintain a record of medical certification on their drivers. The valid CDL would be evidence of medical certification. The employers should only be required to verify and periodically check with the licensing State to make certain that their drivers have a properly classified and valid CDL.

2210-17 Terra International -- Employers will still have to ensure compliance with the DOT regulations.

2210-18 Texas DPS -- Motor carriers must be required to report to the licensing authorities any time that a driver develops a medical condition that might not meet the medical standards.

2210-19 Southeastern Pennsylvania Transportation Authority, Philadelphia, PA believes that employers should not be responsible for medical record review or retention (unless employer performs the examinations thorough its own medical personnel). Further, employers should be free to impose more-strict standards than the minimums for operators of passenger transport vehicles.

2210-21 Illinois State Police believes the motor carrier should have the responsibility of insuring that all drivers it employs are qualified to operate a CMV. ISP further believes that the motor carrier should report a driver's physical fitness, or lack thereof, to the licensing entity.

2210-25 Maryland DOT, Glen Burnie, MD commented that the present system where the employer is responsible to ensure the physical qualifications of the employee is working. Any change to this system by shifting responsibility to the State's driver licensing agencies will be ineffective, add additional costs, and introduce unwarranted government intrusion and regulation.

2210-27 New York DMV, Albany, NY believes that motor carriers could participate in setting up a network of trained physicians, and pay part or all of the program costs. Additionally, because the motor carrier is in daily contact with the driver, they must continue to be responsible for assuring that their drivers are medically qualified, beyond verifying that the person has a CDL or medical certificate.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY believes that if a State uses the motor carrier industry, monitoring by the State should be required.

2210-29 Oklahoma DPS, Ok City, OK believes that there should be no variance in the motor carrier's role.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that motor carriers should still be responsible for verifying that their drivers have valid CDLs and medical certification. Pennsylvania supports maintaining the existing motor carrier based medical qualifications program unless Federal funds are provided for a State-based program.

2210-32 Wisconsin DOT, Madison, WI believes the role of the employers should remain as it is today, where the motor carriers maintain copies of medical examinations and notify DMV if there are changes. The DMV should not be required to maintain copies of medical exam reports.

2210-33 Trinity Industries Transportation, Dallas, TX believes that the current system involving motor carriers is far better than the proposed system.

2210-34 Transtar (Railroads) Inc., Monroeville, PA believes that motor carriers should maintain driver medical qualification files as proof that drivers have been examined and approved by a medical professional.

2210-36 DPS, Anchorage, AK commented that there should be no change in the role of those who employ or use motor carriers.

2210-39 CA DMV, Sacramento, CA commented that ideally, the role of those who employ or use motor carriers would remain the same as it does currently in CA. That is to receive a copy of the medical from the driver and report any driver to the DMV who failed to qualify medically.

2210-43 ATA Alexandria, VA recommends that compliance with medical standards remain a responsibility of the motor carrier and that compliance be monitored by FHWA and properly trained and qualified personnel of State and local agencies through continuation of the existing requirements for drivers to carry a medical certificate while on duty.

2210-44 Somerset County Truckers Assn, Somerset PA, commented that there should be no involvement on the part of those who employ or use motor carriers regarding this issue.

2210-46 CVSA, Bethesda, MD commented that motor carriers should be allowed to require any applicant for employment or any employee to provide a copy of documents related to a physical examination in support of a medical qualification determination. Additionally, under the current system, if a medical examiner erroneously qualifies a driver, the motor carrier may find the error during the course of reviewing the physical examination form, if required. Also, enforcement personnel may also make this determination through the process of conducting a Compliance Review. CVSA further commented that by eliminating the requirement for the motor carrier to maintain medical qualification information, this may be a lost opportunity to determine an error in qualification.

The Alliance believes a jurisdiction's determination of medical qualification should not preclude a motor carrier from requiring a more stringent medical qualification standard for the driver employees of their company.

2210-50 Oregon Public Utilities Commission (OPUC) -- Motor carriers and/or employers should be able to require documentation regarding the medical condition of a driver and/or applicant to allow for more stringent requirements by the carrier where operational conditions might warrant. In the event that reporting of a driver's medical condition is made directly to the licensing agency by medical personnel, employers and prospective employers should have access to that information. Employers should also be afforded the ability to require a driver to be medically reexamined if they observe changes in the driver's health.

2210-52 National School Transportation Association (NSTA) -- Employers should have no role.

2210-53 North Dakota Department of Transportation (ND-DOT) -- States should not have sole responsibility. Employer must be held accountable and responsible for hiring unqualified drivers. Likewise, the medical facility must be held accountable for issuing inaccurate or incomplete medical certificates.

2210-54 Schneider National, Green Bay, WI -- Having shippers or consignees verify compliance with these regs is not a feasible or cost efficient method of ensuring compliance.

2210-56 AAMVA -- Carriers should be required to report to the licensing authorities any driver who develops a medical condition that would prevent the driver from meeting the

medical standards.

2210-58 North Carolina DMV -- Carriers would not have a responsibility. If the carrier was required to provide a computer list of all drivers licensed in a State, that carrier could be notified that a driver license was going to be cancelled in the event the driver failed to complete required medical recertification. Unless the employer could be added to the driver's record, this would be a labor intensive process. NC General Statutes will not allow this info to be placed on the record.

2210-62 Oregon DMV -- No direct involvement of the motor carrier should be necessary other than the current requirement that the CMV operator under the company's control has a valid CDL.

2210-63 Washington State, Department of Licensing -- The employer should continue to maintain employee files. For insurance liability reasons, all employers should be aware of their drivers' physical fitness and should continue to share the responsibility of monitoring their drivers.

2210-64 Office of the Secretary of State, IL -- The carrier should verify the license is valid and issuance requirements were met. The carrier should also report any changes in the driver's physical or mental status.

2210-65 Ohio Department of Public Safety -- Employers should assist the States in supporting the documentation required and requiring their drivers to adhere to the standards established by the States.

2210-67 Virginia DMV -- Employers should retain the role of monitoring the qualifications and performance of the drivers they employ.

2210-68 Iowa DOT -- Employers should be obligated to carefully screen drivers to insure compliance.

2210-70 Illinois DOT -- Believe responsibility of the carrier to ensure that all drivers they employ be qualified to operate a CMV. Recommends carriers report changes in physical/mental status and maintain complete DQ files.

2210-71 Idaho DOT -- Driver medical qualification should be the responsibility of the driver and the employer.

2210-72 North Dakota DOT, Bismarck, ND commented that, in their judgment, the medical requirement should not become the sole responsibility of the issuing jurisdiction. The States do not have the resources nor the expertise to comply with such a requirement. The employer must be held accountable and responsible for hiring

unqualified drivers. Likewise, the medical facility must be held accountable and responsible for issuing inaccurate or incomplete medical certificates.

The driver qualification files are not the responsibility of the licensing jurisdiction. They should remain, as in the past, an enforcement issue and additionally the responsibility of the carrier. No carrier should be exempt from these responsibilities for they are awesome in nature and the carrier is the only one that can truly control who they hire or do not hire.

2210-73 CO DPS, Denver, CO commented that the role of the motor carrier could be to provide general health care information to their drivers, and report known medical problems to the State authority.

2210-74 Montana Department of Justice, Helena, MT commented that it believes the company who employs the driver and law enforcement officers are better equipped to certify medical qualifications are current during the licensing cycle.

2210-76 Florida Power & Light commented that the employer of the driver should be required to keep a driver qualification file including a record of the physical, as currently required.

(9) State and Industry Efficiencies Envisioned

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Farmland does not envision any change from the way they are currently conducting driver scheduling for physical examinations or tracking when their CDL comes due for renewal.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- No State efficiencies, all efficiencies would be gained by industries.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- No State or industry efficiencies are envisioned. The process as described in this ANPRM will unnecessarily inflate costs and obfuscate important information.

2210-8 California Department of Highway Patrol -- By merging the physical qualification conditions with the CDL program, we envision a possible reduction of paperwork for motor carriers, and possible reduction in time spent by enforcement personnel verifying driver's medical status. However, it is estimated that an increase in associated costs will be incurred by the State of California's licensing entity implementing and administering this program.

Although CHP supports simplifying the CDL and physical qualification programs, it is essential that neither the integrity of the programs nor the motoring public's safety is in any way jeopardized. It is also critical that the CDL/medical recertification process be implemented uniformly nationwide, as well as into Canada and Mexico.

2210-12 Hawaii Department of Transportation -- No State efficiencies are envisioned by the proposed program. It will only make the government bigger than it current is.

2210-16 Wyoming DOT -- The efficiencies for industry and the drivers would be considerable. The employers would not have to maintain and verify the medical information every two years. The drivers would be saved the time and expense obtaining and maintaining two documents. Additionally, law enforcement officers would not have to review two documents. The concern for and the incidents of false or fake medical cards would be reduced or eliminated. The licensing agencies would experience more inefficiencies with the medical examination or verification programs because of the increased paper and recordkeeping to maintain a file on every driver applying for or holding a CDL.

2210-17 Terra International -- The CDL should certify the driver's qualifications. This would and should eliminate a considerable amount of the driver's file, not just the physical. Reduced paperwork is needed for both the regulatory officials and the industry. The majority of the driver's file is of no benefit.

2210-18 Texas DPS -- The efficiency will be gained by requiring CDL license holders to meet the medical requirements before the license is issued. Having to verify medical forms in a driver license office will cause delays in applicant processing for all driver license applicants. However, States should have a more effective program.

2210-21 Illinois State Police commented that the time savings associated with the application of this rule will be beneficial to both enforcement and the trucking industry. Nonetheless, the carrier's requirement to maintain a driver's qualification file should be retained.

2210-25 Maryland DOT, Glen Burnie, MD commented that there are no industry efficiencies envisioned with the medical examination or verification program and that the suggested examples (i.e., reduced paperwork (driver qualification file) for the carrier) in the rulemaking are deceptive. The shifting of this burden to the States would require that States, at a minimum, be required to track approximately 7 million CDL holders that they currently know about and countless others who are not in the CDL system because they do not drive CDL commercial motor vehicles.

2210-27 New York DMV, Albany, NY commented that any efficiencies will accrue to the motor carrier industry, not the governmental agencies responsible for implementing the program. Some paperwork reduction for the carrier will result if a license-based rather than carrier-based medical system is implemented. States may be unduly burdened if the program lacks adequate funding.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY commented that if States were responsible for approving physicians to perform physicals and monitoring the recertification, the driver licensing issuance offices would not have to check medical cards. The motor carriers could also dispense with having to maintain copies of physical examinations.

2210-29 Oklahoma DPS, OK City, OK commented that this program would provide simplification for law enforcement and motor carriers. In summary: Oklahoma DPS commented that on the surface the proposal appears to be workable, but when you analyze problems created for the States by implementation, it becomes unacceptable. The proposal will cause an increase in cost and require additional personnel. The State of Oklahoma is already straining its financial resources due to Federally-mandated programs already in place and those approved and on the way (i.e., PDPS). It is Oklahoma's request that this proposal be denied and reconsidered at a later date so as to allow the State a recovery period from other programs and many States cannot afford this at this time.

2210-30 TMC Transportation, Des Moines, IA commented that there would be no

reduction in paperwork for the motor carriers and medical information could be set up on a State level as an addition to CDL information already required.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that there are no efficiencies resulting from such a system. Requiring States to administer the program only shifts the cost of administering the program from FHWA and motor carriers to the States.

2210-32 Wisconsin DOT, Madison, WI commented that it does not envision any efficiencies with the changes proposed; any changes could improve the quality of the program, but they would also increase costs.

2210-33 Trinity Industries Transportation, Dallas, TX commented that companies will still be required to maintain a driver qualification file. The company paperwork generated by physical exam forms is only one of 22 items we maintain in their files. Therefore, no efficiencies there. Further, Trinity sees no significant savings in time, recordkeeping, or costs.

2210-34 Transtar (Railroads) Inc., Monroeville, PA commented that they are concerned that the costs associated with routinely reviewing medical certifications may be significant. Therefore, Transtar proposes that qualified personnel review the certification randomly and/or because of reasonable cause such as an employee's medical condition.

2210-36 DPS, Anchorage, AK commented that the proposed program offers no efficiencies to the State. On the contrary, only an additional burden is imposed. Industry may realize some efficiency with the elimination of some paperwork, but will likely want to keep a record of driver fitness in any case simply as a good business practice. The DPS hopes that the final decision on the proposed regulations will take into consideration the financial burden posed by unfunded Federal mandates.

2210-39 CA DMV, Sacramento, CA commented that improved access to medical status by law enforcement and a reduction in fraudulently obtained medical cards will result in traffic safety benefits and commensurate reduction in accidents attributable, all or in part, to the driver's physical condition. This reduction in accidents should translate into a reduction in accident report filings, insurance claims, law enforcement and medical personnel time, State disability and unemployment claims, etc.

2210-40 AAAM, Des Plaines, IL commented that the extent of efficiencies of a State integrated drive licensing-medical certification program will depend upon how the program is structured and how States are able to meet the Federal mandate with existing infrastructures. At a minimum, however, efficiency should be realized almost immediately if only one document - the CDL - would be needed for verification of valid

licensure and medical qualification. If a national certified medical examiner system were in place, in cooperation with Federal and State governments and the motor carrier industry, State driver licensing examiners might be relieved of the necessity to check physical examination forms of those drivers who present a valid medical certificate.

2210-43 ATA, Alexandria, VA commented that they do not envision any increase in efficiency arising out of the provisions of this ANPRM. Motor carrier safety professionals want to receive a copy of each "long form" medical examination given to their drivers. ATA further commented that if the verification of medical qualifications is taken over by the States as a function of the CDL program, carriers would lose the ability to obtain this without making specific arrangements with the medical examiner which would not only be inefficient for the carrier, but might well increase the cost of the examination for additional processing. ATA urges that no changes be made in the present procedures.

2210-46 CVSA, Bethesda, MD commented that reducing recordkeeping and administrative requirements would benefit the motor carrier industry but would not serve the interests of safety if medically unqualified drivers were allowed to receive CDLs. CVSA believes there would be increased efficiencies to enforcement agencies involved in the inspection of driver qualifications, both on-highway and during compliance reviews. CVSA further commented that State licensing agencies will have to assume a considerable responsibility in making medical qualification determinations if certain procedures for processing of medical examination forms are adopted. This may necessitate licensing agencies to employ qualified experts to review such submissions.

2210-47 National Private Truck Council (NPTC) -- NPTC indicates that safety-conscious fleets say they would continue to keep medical records in their drivers' files. These fleets do not look at the requirement as a burden but as a responsibility. The carrier is responsible for the drivers they put on the road. This includes medical fitness.

2210-50 Oregon Public Utilities Commission (OPUC) -- Reduced record keeping and administrative requirements would benefit the motor carrier industry. OPUC believes there would be increased efficiencies with the enforcement agencies involved in the inspection of driver qualifications both on-road and during terminal audits.

2210-52 National School Transportation Association (NSTA) -- The efficiency envisioned will result in reduced paperwork and making it easier for an employer to recognize a person with the correct certification since there will be a uniform program.

2210-53 North Dakota Department of Transportation (ND-DOT) -- This would create enormous workload problems, facility congestion, additional follow-up costs, and in no way save the State time or money. Absolutely no reduction in paperwork.

2210-54 Schneider National, Green Bay, WI -- No reduction in paperwork could be seen; rather, an increase/new layer of paperwork. Schneider qualifies its drivers in accordance to DOT regs but also with respect to specific essential job functions. If the verification of medical qualifications is assumed by the States, motor carriers would lose the ability to obtain specific job related info which would increase the cost of the exam and add processing costs.

2210-56 AAMVA -- The quality of the medical program will be dramatically improved and the efficiencies will be more on the part of the motor carrier and law enforcement community, not the licensing agency. Having to verify medical forms in a license office may cause delays in the application process.

2210-57 National Automobile Dealers Association, American Truck Dealers Division, McLean, VA fully supports the concept of merging the programs. Streamlining the process will benefit drivers (who will avoid the need to carry valid medical cards) and employers (who will avoid the need to verify and maintain separate fitness records). Any burdens on States should be minuscule given their highly automated CDL systems.

2210-58 North Carolina DMV -- The primary efficiencies will be in the reduction of the number of cards the driver must carry and the paperwork the carriers must maintain. An increase in work and paper will be experienced by the licensing agency.

2210-62 Oregon DMV -- The roads would be safer, drivers would not be as able to forge the medical certificate from the medical exam report form (under system proposed by Oregon). With a simple report form, less chance for medical examiners to make errors because they would only be required to answer specific questions. Standards need only be known by the licensing employee who reviews the forms when they are sent to the licensing agency by the examiner. Driver would not have to carry an additional card. Carriers would not need a driver qualification file, only notification from the driver that their CDL is valid. Law enforcement agencies would have rapid access to medical status of any commercial driver whose record is checked.

2210-63 Washington State, Department of Licensing -- If each State verifies the medical form, there may be fewer chances for fraud. Law enforcement officers can easily verify the license info and remove unqualified drivers from the road. Concerned that there may be an increase in the time spent by State offices in verifying the medical forms of first-time applicants.

2210-64 Office of the Secretary of State, IL -- There would be greater consistency in the CDL process throughout the country and States could share info. More sanctions of drivers with safety-impairing medical conditions could be taken. Drivers would carry the CDL only. This would greatly reduce the use of fraudulent certificates.

2210-65 Ohio Department of Public Safety -- The major benefit for Ohio will be a general centralization of their regulatory division into a central staff, doing checks on drivers of passenger vehicles as well as CMV drivers. Envisions giving carriers the ability to transmit driver info electronically to the licensing agency.

2210-66 United States Postal Service -- Envisions efficiencies in the industry because employers will no longer have to maintain records of certain medical qualifications on file.

2210-67 Virginia DMV -- As Virginia understands the program, envisions increased paperwork, time, and resources. A State program of medical certification/verification would duplicate records which should already be established by an employer and duplicate an employers efforts in monitoring the performance and qualifications of their drivers.

2210-71 Idaho DOT -- For the industry, the only reduced paperwork is that the medical form would not be required for their DQ files. For States, CDL issuance would require additional personnel and training and increase workload greatly. The cost of issuing CDLs would increase.

2210-72 North Dakota DOT, Bismarck, ND commented that in its judgment, this proposal is another example of federalism in which the Federal government balances its manpower and budgetary constraints on the backs of States. Further, ND DOT believes that there would be absolutely no reduction in paperwork for the licensing jurisdictions. It would create enormous workload problems, facility congestion problems, additional follow-up to medical requirement costs, and in no way save the State time or money.

2210-73 CO DPS, Denver, CO commented that the carrier would not have to worry about medical exam until license is due for renewal. Also, there would be one less item for an inspector to check.

2210-76 Florida Power & Light commented that efficiencies would include that there would be only one document, the CDL, for the driver to carry and compliance personnel to check. Also there would be uniformity and simplified record keeping across the country for carriers operating in several States.

(10) Non-CDL drivers/medical verifications

2210-3 Farmland Industries, Inc., of Kansas City, MO -- Motor Carriers should continue to exercise accountability for compliance with medical examination requirements. Motor carriers and appropriate enforcement agencies should continue responsibility for meeting standards, rather than the licensing authorities.

Farmland supports the efforts of the FHWA, but believes that the linking of CDL and biennial physical exams is not practical.

2210-4 Tennessee Department of Public Safety (DPS), Nashville, TN -- Verification of physical qualifications of non-CDL holders should be left as it is.

Summary: The Current system seems to have worked well for several years. The carrier should continue to ensure the employee has a valid medical at all times, thereby making it easier for ensure physical fitness of each driver. Also, Public Service Commission and law enforcement offices are further assurance that each driver carries a valid medical. With new requirements, TN DPS will need to redesign its computer and hire additional staff and establish a paid medical review board.

2210-6 Pinnacle Transport Services, of Bensenville, IL -- Given the current definitions of a CMV, current physical requirements, and current CDL designations in the various States, the current system works.

2210-12 Hawaii Department of Transportation -- States should make their own determination as to how to handle non-CDL holders who are required to meet the medical requirements. One solution is to handle these drivers the same as CDL holders.

2210-16 Wyoming DOT -- The medical requirements, definitions and standards for regulation of commercial drivers need to be made uniform. There will always be inequities, confusion and frustration for all parties involved until this is accomplished. The Federal government should quit attempting to regulate vehicles from 10,000 to 26,000 pounds. If the requirement for the smaller vehicles must remain, the States must be allowed and required to regulate the medical qualifications with the driver license.

2210-17 Terra International -- Either eliminate the 10,000 pound or the 26,000 pound rule and require a CDL at that level, or require another class on the CDL. It's all too confusing to drivers that are not over-the-road truckers but still are bound by those rules. Trucks do not always stay within a State so what is the benefit of differing State regulations. Simplify the rules and make them more uniform.

2210-18 Texas DPS -- States would have to administer this program. Drivers (non-CDL) would have to carry the medical card with their licenses.

Texas DPS stated that the major concerns it has about the proposed rule is that it will place all of the responsibility on the States to incorporate the medical fitness program as a condition of obtaining a CDL. Additional employees will be required for field offices and headquarters records section. Additional space for employees and more funding. FHWA should provide significant grant money (based on number of CDL drivers) to States to implement the program.

2210-21 Illinois State Police (ISP), Springfield, IL commented that if the tolerance guidelines currently in place regarding the exemptions are allowed to continue, it should be left to the individual States to determine how physical qualifications for Non-CDL holders will be handled. ISP believes that States requiring physical qualifications for all CMV drivers (10,001 and more) should apply the same rules.

2210-22 Aramark Uniform Service -- Non-CDL drivers should also be required to be tested by qualified and certified doctors on the same time span that is currently in place. Aramark believes that the CMV definition should be expanded to include drivers of vehicles 10,001 or more pounds.

2210-25 Maryland DOT, Glen Burnie, MD commented that the two categories of CMV drivers has been a problem which has existed since the beginning of the CDL program. Lacking the legal authority to require CDLs from the operators of non-CDL commercial motor vehicles, States would be ill-suited to require such drivers to have physical exams. It is strongly recommended that FHWA use a consistent definition of CMV in all parts of the FMCSRs, preferably the definition of CMV set forth in 49 CFR 393.5.

2210-27 New York DMV, Albany, NY strongly recommends that Federal regulations be changed to make the definition of a CMV as defined in Parts 390 and 383 compatible and require medical examinations for CDL holders only.

2210-28 Commonwealth of KY, Transportation Cabinet, Frankfort, KY believes that the same standards should apply to non-CDL drivers. The States should be responsible for monitoring their records and recertifications as well as CDL drivers.

2210-29 Oklahoma DPS, Ok City, OK commented that this question is not applicable.

2210-30 TMC Transportation, Des Moines, IA believes that if the carriers are responsible for the medical qualifications, the question of how to handle non-CDL holders would not be a factor.

2210-31 Commonwealth of PA, DOT, Harrisburg, PA commented that Pennsylvania

has no mechanism for administering Federal medical standards for noncommercial drivers. The current carrier-based program should be maintained.

2210-32 Wisconsin DOT, Madison, WI believes that the physical standards should apply to drivers required to have a CDL only. Wisconsin DOT has no way to identify this group, and the group is covered under its regular medical review program for all other drivers. Drivers who operate vehicles in the 10,000- to 26,000-pound category created mass confusion for the States and those drivers during CDL implementations. Future rulemaking by FHWA should clearly define which standards apply to which drivers.

2210-33 Trinity Industries Transportation, Dallas, TX commented that the matter of how to handle drivers who are required to meet the physical requirements but do not need a CDL is a State licensing issue irrelevant to the motor carrier industry.

2210-36 DPS, Anchorage, AK commented that as currently required, FHWA should retain the responsibility for insuring physical fitness of these and other commercial drivers.

2210-39 CA DMV, Sacramento, CA commented that CA has no way currently to identify these drivers who do not require a medical for licensing. In these cases, the responsibility rests with the individual driver, his or her employer, and law enforcement. If the State were to be made responsible for evaluating these medical exam reports, updating the driver's record with the medical certificate expiration date, etc., a method to identify and certify them would be necessary. In the meantime, it is more appropriate to let the medical requirement enforcement remain as it is.

2210-40 AAAM, Des Plaines, IL commented that underlying this question is the issue of the gross vehicle weight rating threshold. It is fundamental that the FHWA in consultation with the States, agree to a single definition of what constitutes a CMV. Until such agreement is reached, States will not be able to establish an integrated system as envisaged in this rulemaking.

Under current State laws, driver licensing agencies already have the authority and responsibility to assure that all drivers licensed in the State are fit to drive the vehicles for which they are licensed, no matter where they drive or what type of cargo they transport. To require State licensing agencies to be responsible for assuring the fitness of commercial drivers who are not required to have a CDL is simply recognizing existing State authority and programs that are ongoing.

2210-43 ATA, Alexandria, VA commented that safety professionals of the trucking industry have expressed their clear preference for retaining the present process for certifying that a driver meets the medical standards of the FMCSRs. If medical

certification is made a part of the CDL process for drivers subject to those requirements, and the present system is retained for drivers of vehicles in the GVWR range of 10,001 -26,000 pounds, the dual system will inevitably create complications and confusion and result in inadvertent violations. ATA believes that this is another reason for retaining the present system for determining and certifying the medical condition of drivers.

2210-44 Somerset County Truckers' Assn, Inc., Somerset, PA commented that drivers who are required to meet the physical qualifications standards but who do not need CDLs should be handled by compliance with current standards.

2210-46 CVSA, Bethesda, MD commented that the Alliance has a concern that making the physical fitness a part of the CDL may set up a dual system for drivers who are not required to have a CDL but are required to have physicals (those operating vehicles with gross vehicle weight ratings (GVWR) between 10,001 and 26,000 pounds). This potential problem could be eliminated by making the physical fitness a part of the normal license issuing procedure for those drivers operating vehicles with GVWR between 10,001 and 26,000 pounds, thus eliminating the dual system. Further, CDL issuing agencies must also be informed about those drivers that are required to have a CDL but are exempt from the physical qualification requirements of 49 CFR 390.3(f).

States should be responsible for determining if a driver is medically qualified/unqualified for purposes of issuing CDLs. States should be allowed to continue to administer physical qualification requirements that fall within tolerance guidelines, thereby assuring they meet appropriate standards before issuing driver licenses.

2210-50 Oregon Public Utilities Commission (OPUC) -- Before a driver's license is issued, the applicant must answer certain medical questions regarding conditions that might adversely affect his/her ability to safely operate a motor vehicle. Based on the State's medical standards, the issuing agency would determine if that driver is medically qualified and would be responsible for assuring they meet appropriate standards before issuing driving privileges.

2210-52 National School Transportation Association (NSTA) -- States should be responsible for handling drivers required to meet the physical qualification standards but do not need a CDL.

2210-53 North Dakota Department of Transportation (ND-DOT) -- These drivers should remain the State's responsibility and not become involved in the Federal medical certificate program.

2210-54 Schneider National, Green Bay, WI -- The present system should be maintained. Current medical standards are adequate and effective.

2210-56 AAMVA recommends elimination of the 10,001 pound definition for CMV.

2210-58 North Carolina DMV -- Drivers required to meet physical standards yet who aren't subject to CDL cannot be tied to the CDL issuance process. They can be tied to other medical programs a State may have. Licensing authorities should be responsible for assuring that these drivers meet the appropriate standards.

2210-60 Chemical Waste Transportation Institute (CWTI) -- States should not be mandated to verify the physical qualification status of non-CDL drivers. The mechanisms currently in place or being tested do not exist for non-CDL drivers.

2210-62 Oregon DMV -- Licensing agencies should not be responsible for non-CDL holders because there is no way to know that these drivers have a medical requirement because they don't need a CDL.

2210-63 Washington State, Department of Licensing -- Drivers should carry a separate document. State licensing authorities should only have responsibility for verifying the driver's fitness for the basic driver's license.

2210-65 Ohio Department of Public Safety -- In order to simplify the process, the rulemaking should incorporate the requirement that State licensing authorities should then be responsible to determine physical fitness standards for all drivers within their jurisdiction.

2210-67 Virginia DMV supports an employer based program. An employer monitoring the performance of a driver is better positioned to detect a medical disqualification and deal with it.

2210-70 Illinois DOT -- If tolerance guidelines currently in place regarding CDL exemptions are allowed to continue, decision for determining the party responsible for ensuring that drivers meet the appropriate physical qualification standards should be left up to the States. Drivers should carry a medical card if a CDL is not required.

2210-71 Idaho DOT -- The FHWA should consider eliminating the medical qualification requirements for drivers of CMVs not required to have CDLs. State authorities should not be responsible for assuring that CDL drivers comply with physical qualification standards as this is a carrier issue.

2210-72 North Dakota DOT, Bismarck, ND commented that there is no meaningful way of controlling and regulating the non-CDL license holder who actually drives a commercial vehicle. The State would simply have no means of determining who these drivers are. These drivers currently meet a medical standard within their jurisdiction to

possess a driver's license. Some cases are monitored routinely as a result of diabetic, epileptic, or progressive medical problems. These State level medical standards are, for the most part, applied to all drivers within their jurisdiction and should remain the State's responsibility and not become involved in the Federal medical certification program.

2210-73 CO DPS, Denver, CO suggests that subpart E of Part 391 be moved to Part 383 and eliminate medical qualification requirements for non CDL drivers. Also, consideration should be given to dropping the CDL standard from 26,001 lbs GVWR to about 16,000 lbs GVWR.

2210-76 Florida Power & Light commented that the States should decide how drivers who are required to meet the physical qualification standards but who do not need CDLs should be handled.

Miscellaneous Comments

The following comments do not respond to the specific questions posed in the docket:

2210-2 Asheboro Family Physicians, Inc. of Asheboro, NC -- Asheboro commented that the current physical forms are inadequate. Asheboro further stated that there is no clear connection between the items on the history and physical form and the requirements set forth in the Federal regulations. Many elements of the form are seemingly outdated. The form should be revised with the less experienced physician in mind. Standardization is necessary.

2210-5 Grace Logistics Services, Inc., of Greenville, SC commented that it would like to see some relief of the regulations requirements on the motor carriers but this new requirement will not help industry. The way some States have administered the CDL requirements is a disgrace to the Federal mandate. Not one State realizes the importance of the physical examination of over-the-road drivers. Grace Logistics feels all control will be lost as far as knowing that most drivers have had a physical examination. With existing requirements auditors can come in and verify the physical examination in the personnel files. If this requirement is given to the State license examiners, we will see thousands of drivers with no physicals or out of date physicals.

2210-9 Coastal Connections of Duarte, CA -- The Company would definitely appreciate that the licensing and the medical certification of drivers be merged. This would create: Less paperwork through the use of computers; improve uniform compliance, control over the drivers' certification; time saved by the drivers during recertification; require one card for drivers to carry; create uniform periods of reexamination and create safer drivers on the road.

2210-11 Utah Department of Public Safety, Salt Lake City, UT believes that the commercial driver fitness determination should be a part of the licensing process just as it is for non-commercial drivers in the State of Utah. The Utah Driver License Division is hopeful the results of its medical pilot project and those of other pilot project States will assist the Federal Highway Administration in promulgating rules containing objectives consistent with States' capabilities and needs in implementing such programs.

Utah DPS further commented that errors and resulting return rates on fitness reporting forms completed by medical examiners can be reduced to sustained acceptable levels by making changes to the form and instructional materials. Also, Utah DPS believes that a comprehensive public information and education campaign is essential to public and industry acceptance of change in existing commercial driver fitness procedures.

Utah DPS added that a case-by-case review process benefits not only the affected driver, but also the employer and society by keeping productive, safe drivers in the

workforce. Also, the computer tracking of driver fitness provides an effective means of reducing the numbers of improperly certified commercial drivers.

Finally, the Utah DPS commented that the FHWA should work to achieve a single definition of "commercial motor vehicle." The DPS believes that not to do so will surely create disparate and perhaps unequal medical fitness review processes for CDL licensees versus all other commercial drivers and force States to operate two-tiered programs at greater cost. The DPS commented that the project results suggest that there is a logical and needed distinction between the duties of those making medical determinations and those making driver licensing decisions. Further, Utah DPS discovered that many medical examiners expressed a reluctance to certify a driver's fitness to operate a commercial motor vehicle because they had no real knowledge of demands or requirements of that work environment. The medical examiners preferred to evaluate the driver's medical condition and allow that evaluation to be part of the process of fitness certification by a licensing official.

2210-20 Holmes & Murphy, Inc., Orchard Park, NY supports FHWA's action and commented that combining the CMV and CDL as one process would ensure that any CDL driver on the road is qualified operationally and physically.

2210-23 Missouri Propane Gas Association, Jefferson City, MO stated that the certificate of fitness should be included as a part of the CDL program. In addition, MPGA stated that individuals must be tested, etc., every three years and this process alone should accomplish all that is needed without additional testing.

2210-25 Maryland DOT, Glen Burnie, MD recommends that FHWA be assigned the responsibility of a 52nd jurisdiction on the Problem Driver Pointer System and be required to place disqualifying information on that system. This would be especially helpful in the case of individuals who are not listed in CDLIS, including individuals who are not required to have CDLs.

Lack of Valid Data: Maryland DOT commented that the FHWA, claiming that there was an advantage to linking the driver's license and a demonstration of physical fitness, entered a research contract with AAAM and has not provided the pilot test information to the licensing agencies nor to the Committee of States. Maryland DOT further commented that the issuance of an ANPRM prior to availability of the results of the pilot studies and a failure to provide any empirical evidence is clear that the FHWA is predisposed to make the change without providing the necessary information to proceed with rational performance oriented rulemaking.

2210-35 Canadian Council of Motor Transport Administrators (CCMTA), Ottawa, Canada commented that they are pleased to read that the FHWA is making initial inquiries into the feasibility of amalgamating State and Federal medical review

programs. Further, Canadian provinces and territories currently have a reciprocal agreement between one another on this issue that serves both trade and road safety interests extremely well. The CCMTA attached documents explaining its medical review process and requests that serious consideration be given them for purpose of establishing reciprocity between Canada and the United States.

2210-37 Michigan Department of State (licensing), Lansing, MI submitted the following comments:

- Michigan DOS generally concurs that the existing system of enforcing commercial driver physical fitness standards is weak and vulnerable to abuse, and that a better system is worth exploring.
- A verification or document review process that is part of the CDL application or CDL renewal process would approach enforcement of 100% of the target population. It is logical to place the verification process up-front with the CDL application process. Drivers would not have to carry a separate medical card, which is easy to falsify. Recordkeeping requirements would be eased for motor carriers.
- A primary concern of Michigan DOS is a current lack of resources to perform the functions being proposed. Such a program would represent a major new undertaking to its department, involving additional staffing, training, document storage and retrieval capability, an increase in hearings for appeals of driver license denials based on medical non-compliance, etc.
- There is a significantly strong sentiment of opposition and resentment at all levels of State government in Michigan to what is perceived as "unfunded Federal mandates." It is unlikely that funding for such a program will materialize from within the State. Federal funding to develop, implement and maintain the program is critical to its success. The MCSAP could be broadened to include funding for this type of enforcement.
- Another problem the proposal faces is the inconsistency between applying the fitness standards to operators of CMVs defined as vehicles more than 10,000 pounds GVWR, but verifying compliance only for CDL drivers who operate CMVs more than 26,000 pounds GVWR. The program as proposed has no way of identifying which of the non-CDL drivers are also subject to the same fitness qualification as the CDL drivers are.
- Another concern of Michigan DOS involves current requirement for physical re-certification every two years. The DOS would like to avoid any program variation that would effectively change the 4-year renewal cycle to a 2-year cycle. If the

CDL is to be used for proof of medical compliance, then the DOS supports changing the medical re-certification period to match the 4-year CDL renewal cycle.

- Medical forms should be standardized and designed in a way that makes their review very objective. Require quantitative entries by the physician which can be determined as "pass/fail" when compared against a pre-set threshold. This would reduce the amount of medical training required by review staff, as well as minimize subjectivity in making licensing decisions.

2210-39 CA DMV, Sacramento, CA commented that the issue of drug use by commercial drivers is not considered in the proposed rulemaking. If the States are to incorporate the commercial driver fitness determination into State-administered CDL procedures, the issue of drug use should be addressed. Since use of a controlled substance makes a driver medically unqualified, licensing agencies should have access to information about drug tests results available to the commercial driver's employer.

The issue of requiring medical examiners to report commercial drivers who fail the medical examination to State licensing agencies is not addressed. This concept should be considered to prevent the licensing of drivers who present a danger to themselves and others when they drive commercially.

2210-41 Norfolk Southern Railway Company (NSR), Norfolk, VA commented that many of the changes in the Medical Examination Certificate/Commercial Driver's License process which are under consideration have merit. Also, NSR believes the requirement for medical examinations to be performed by a qualified medical examiner, rather than by someone employed by a State DMV, should be retained.

The required physical examination should coincide with the renewal of the CDL, such that the Medical Examination Certificate and CDL would be renewed every two years. The driver could take the Medical Examination Certificate to the DMV, obtain the CDL, and the CDL could have a box to be checked which would indicate that the driver was medically qualified. If the driver becomes medically unqualified during the two-year effective period of the CDL, then the driver would be required to notify the DMV, and the CDL would be amended.

NSR questioned what would be done with respect to drivers which must be medically qualified, but would not be required to have a CDL (those driving vehicles which weigh between 10,000 to 26,000 pounds). NSR further commented that the regulations would have to deal with these individuals, either by requiring them to have a CDL, by continuing to require a separate Medical Examination Certificate, or the DMV could have a box on a regular driver's license to indicate that the driver was medically qualified.

2210-42 Leaseway Transportation, Cleveland, Ohio commented that it approves of the FHWA's efforts to reexamine the physical fitness requirements and the process by which a driver is determined to be physically qualified to drive. Further, a reexamination of the physical exam and CDL requirements, and a possible merging of these requirements for administrative purposes, may offer the opportunity to enhance the efficiency of the system without compromising highway safety.

Leaseway further commented that the FHWA must be certain that any changes in the system resulting from the current study do not leave the carrier with additional exposure to potential personal injury or property damage liability claims. Currently, the motor carrier is responsible for maintaining complete driver qualification files. If the driver's physical exam reveals a condition that requires monitoring or follow-up visits, the carrier can see that the required actions are taken. There should be no change in the system that would restrict the ability of the carrier to obtain the complete medical record of each driver.

With regard to the form, Leaseway commented that it would be helpful if the Federal standard appeared directly on the physical examination form next to the area of the form where the related information is recorded.

2210-43 ATA, Alexandria, VA believes that any weaknesses in the administration of the medical standards for commercial vehicle drivers can be strengthened at minimum cost by:

- Aggressive action by FHWA to provide better information to the medical community regarding the agency's medical standards;
- The development of suitable guidelines for dealing with borderline situations in appropriate language which can be understood by medical examiners and fleet safety professionals, alike;
- Moving forward with the development of an improved medical examination form; and
- By adhering to the announced date of July 29, 1996 for the phase-out of deviations in medical standards for intrastate drivers and make the agency's medical standards applicable to all persons driving a commercial vehicle (as defined in 49 CFR 390.5) in intrastate and interstate commerce.

2210-45 Kansas Department of Revenue, Topeka, KS is opposed to incorporating commercial driver fitness determination into the CDL license issuance process for the following reasons:

- Will cause a detrimental effect on the level of service provided in the examination offices; extra traffic in the licensing offices for those who fall out of the commercial medical compliance, but who may qualify for a non-commercial license and create applicant processing problems.
- Not presently staffed to handle this additional workload in the licensing offices; specialized knowledge will be required; funding will be needed.
- State medical standards for license issuance do not match Federal standards; statute changes would be needed.
- Will put the State in significant liability position.
- Information systems were recently rewritten; funding is not available to change the system at this time.
- Finally, the driver's license examination and issuance community has been hit hard with Federal program mandates. The merger of the physical fitness with CDL will be another example of a Federal mandate being passed along to States without adequate and on-going funding to implement the program.

2210-47 National Private Truck Council (NPTC) -- In general, NPTC cites the FHWA's general lack of data supporting the supposed benefits of merging medical qualifications with the CDL process. FHWA should concentrate instead on identifying the problems with the current system and finding ways to improve them. Parts of the current system that may need improvement include: (1) Improving the medical examiner's role and developing more consistency in how medical examinations are recorded; (2) Developing standards for diagnosis and determination of ability to operate CMVs safely; (3) Designing a uniform medical long form for truck drivers; (4) Improving the State licensing agency's role in verifying that a driver has met the driver qualification requirements prior to obtaining a CDL.

2210-48 L & L Transportation Services, Appleton, WI -- State licensing agencies should work in partnership with motor carriers and medical examiners on this issue. Trained State licensing personnel and State medical review boards would be helpful in resolving medical qualification conflicts between drivers, motor carriers, and medical examiners. The medical review process should not be taken over by the States.

2210-51 Duquesne Light Company (DLC), Shippington, PA -- In addition to those benefits stated in the proposed rule, merging the motor carrier based medical qualification program with the State licensing program would result in a savings to DLC due to the reduction in medical examinations (i.e., 4-year exams vs. 2-year exams).

Administrative work would also be minimized since the carrier would no longer be required to maintain driver medical qualification files.

2210-53 North Dakota Department of Transportation (ND-DOT) -- If it were to be attempted, first things first. Eliminate exemptions under Federal rule, require States to use uniform medical reports and forms, require State jurisdictions to eliminate lesser medical standards for intrastate purposes, include a mechanism for offsetting the additional costs to the State jurisdictions both in man hours and facilities.

2210-55 Advocates for Highway and Auto Safety (AHAS), Washington, D.C., commented that it believes that the experience of the State of Utah with its pilot project shows the multiple advantages of integrating the CDL with the fitness certification for commercial drivers. AHAS further commented that commercial driver fitness determinations should be part of the licensing process just as it is for non-commercial drivers. Advocates believe that this approach will redound to the benefit of improved highway safety, as well as safeguard the personal health of interstate commercial drivers.

AHAS stated that for ease of data retrieval and utilization, they regard it as a given that a single, uniform nationwide medical examination "long form" and medical certification for itemization on a driver's CDL should be mandated by the FHWA. AHAS commented that drivers who do not require CDLs, such as seasonal agricultural workers and operators of commercial vehicles between 10,000 and 26,000 pounds GVWR, are operating heavy vehicles with a potential for serious crashes. These drivers should still be required to be examined and certified on the basis of the same medical "long form" items as CDL holders.

AHAS strongly supports a nationwide network of qualified, certified medical examiners that can make reliable assessments of commercial driver physical fitness. AHAS further commented that substantial Federal funding will be necessary to achieve implementation, especially to induce States to participate that have indicated strong opposition to changing the status quo.

AHAS supports the FHWA's initiative in the ANPRM to merge related functions for CDL and fitness certifications under State auspices.

2210-60 Chemical Waste Transportation Institute (CWTI) -- OMC should require States to use standardized forms. Concern has also been raised from the regulated community that carriers may still bear some liability with regard to a driver's medical condition despite State verification of medical qualification. Those expressing these concerns claim that they will still retain driver medical qualification records. While this is a carrier's choice, CWTI believes OMC should reiterate and clarify that a driver's possession of a valid CDL is evidence of medical qualification.

2210-64 Office of the Secretary of State, IL -- Illinois does not have the resources available to implement this program. States also need flexibility to meet their own unique needs.

2210-68 Iowa DOT recommends FHWA reconsider definition of CMV. The ANPRM stated that medical status information could, as part of the driver record, be shared and checked among States in the CDL process. At this time, the Medical History flag on the CDLIS is insufficient to provide meaningful info. The field will have to be redefined or more complete info added to the CDLIS format to indicate whether there is a medical history in a State and whether that history is acceptable.

2210-69 Penn Maid, Philadelphia, PA -- The road test and written test (currently administered by the employer) should be incorporated into the licensing process as well. Perhaps every four years as the driver renews their license, the driver has to redo the exams?

2210-71 Idaho DOT -- Fundamental concern that the problem does not appear to justify the cost of the proposed solution. Are there statistics supporting the belief that physically unqualified CMV drivers are hazardous to public safety? Is the problem serious enough to justify the addition of more bureaucracy? Before adding more regulation, there should first be a quantifiable problem that impacts the safety of the public and justifies the cost of additional bureaucracy. FHWA should consider additional penalties for drivers who submit fraudulent documentation, including medical forms, when applying for a CDL. Perhaps a one year disqualification would be appropriate.