

INSURANCE INSTITUTE FOR HIGHWAY SAFETY

June 15, 2006

The Honorable David Hugel
Acting Administrator
Federal Motor Carrier Safety Administration
400 Seventh Street, S.W.
Washington, D.C. 20590

**Qualifications of Drivers; Diabetes Standard
Advance Notice of Proposed Rulemaking; Request for Comments
Docket No. FMCSA-2005-23151**

Dear Mr. Hugel:

The Federal Motor Carrier Safety Administration (FMCSA) prohibits drivers with insulin-dependent diabetes mellitus from operating commercial motor vehicles in interstate commerce unless they have been granted an exemption by the agency. The procedures and protocols for granting exemptions were issued in a 2003 notice of final disposition, and the first exemptions were granted in 2005. In light of FMCSA's newly authorized medical review board and chief medical examiner, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) Section 4129 required the agency to re-examine its rule pertaining to insulin-dependent drivers. FMCSA was directed to eliminate the requirement that drivers accumulate 3 years of intrastate commercial driving experience while being treated with insulin before operating in interstate commerce. The agency also had to establish a specified minimum period of insulin use (no more than 2 months for drivers newly diagnosed with type 1 diabetes and no more than 1 month for those with type 2 diabetes who converted to insulin) for drivers to demonstrate stable diabetes control prior to operating commercial vehicles. Finally, FMCSA had to ensure that insulin-dependent drivers were not held to a higher standard than other drivers, with the exception of limited operating, monitoring, and medical requirements deemed necessary.

FMCSA made these changes in November 2005 and concluded that all of the other exemption requirements were in compliance with SAFETEA-LU. Nevertheless, in the current advanced notice of proposed rulemaking the agency seeks comments on possible amendments to the medical qualification standards for insulin-dependent drivers. The primary change under consideration would allow these drivers to operate commercial vehicles in interstate commerce without obtaining an exemption. Other changes under consideration pertain to the roles of the medical examiner and a driver's treating physician and the types of medical and other information to be reported to FMCSA.

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The Insurance Institute for Highway Safety (IIHS) has submitted comments explaining the risks to the motoring public associated with allowing insulin-dependent drivers to operate commercial vehicles (IIHS 1991, 1992, 1993, 1994, 1996, 2001). We continue to oppose allowing insulin-dependent drivers to operate commercial vehicles through an exemption program or any other means, and we oppose any further weakening of the exemption program.

Allowing insulin-dependent drivers to operate commercial large trucks or buses represents an unacceptable safety hazard for other road users. Large trucks and buses are much more difficult to handle than passenger vehicles, and medical emergencies such as hypoglycemic reactions involving commercial drivers can be catastrophic. In 2004, 12 percent of all motor vehicle deaths occurred in crashes involving large trucks; most of these deaths were occupants of other vehicles, pedestrians, or motorcyclists. Preventing medical emergencies is imperative, so tough medical requirements for commercial vehicle drivers are justifiable and necessary. In earlier comments to FMCSA, IIHS (2000) summarized research pertaining to the crash risk of diabetic drivers, and multiple other studies have confirmed this (Cox et al., 1993; Dionne et al., 1995; Koepsell et al., 1994).

Successfully managing serious medical conditions such as diabetes is not compatible with the strenuous and often demanding schedules of interstate truck drivers. Their schedules typically involve long hours behind the wheel, additional hours of nondriving work that may include loading and unloading, nighttime driving, irregular work and rest cycles, and extended time away from home. Drivers have difficulty getting adequate rest, maintaining a healthy diet, and getting adequate exercise. All of these conditions make it difficult to calculate insulin doses to maintain healthy blood glucose levels and avoid hypoglycemic or hyperglycemic reactions. Given the working conditions of long-distance truck drivers, it is impossible to ensure that insulin-dependent drivers can control glucose levels well enough while on the road to eliminate the risks to their safety and the safety of other road users.

A major concern for any diabetic is hypoglycemia, a condition characterized by low blood glucose levels. A driver experiencing a severe hypoglycemic reaction may become incapacitated and unable to drive. High or low blood glucose levels can lead to sleepiness, dizziness, confusion, blurred vision, loss of consciousness, or even seizure. Although a hypoglycemic reaction can be risky for any driver, it can be catastrophic for drivers of large trucks. Many commercial drivers are under strict deadlines to pick up or deliver loads, and drivers may ignore hypoglycemic symptoms such as sweating, tremors, palpitations, and hunger in order to stay on schedule.

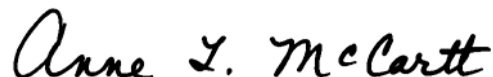
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Hypoglycemic reactions also may occur without obvious warning signs. According to a study published in the *Journal of the American Medical Association* (Clarke et al., 1999), people with insulin-dependent diabetes mellitus do not always judge correctly when their blood glucose levels are too low to permit safe driving and may consider driving even when they know their glucose levels are low.

FMCSA has asked for comments on whether the responsibility for assessing a driver's ability to control diabetes and issuing a medical certificate should reside with the medical examiner or treating physician. In both cases, physicians necessarily must rely on drivers' self-reports about significant hypoglycemic reactions, and drivers may be fearful of reporting these events or other problems because of the potential to lose their commercial driver's licenses. Although drivers are required to provide histories of prior crashes and convictions, this information is an imperfect predictor of future crashes. The absence of recent hypoglycemic reactions cannot eliminate the possibility of future events. A 1- or 2-month period is insufficient to establish that a complex medical condition such as diabetes is under control.

Allowing insulin-dependent drivers to operate commercial motor vehicles creates an unacceptable risk to other road users. Within the parameters set by Congress for regulating commercial driver qualifications, FMCSA should establish the most stringent requirements possible for drivers with insulin-dependent diabetes mellitus.

Sincerely,



Anne T. McCartt
Vice President, Research

cc: Docket Clerk, Docket No. FMCSA-2005-23151

References

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