The first “hot button” issue discussed was the possibility that the FMCSA would do away with the existing Diabetes Waiver process, as was mentioned in the FMCSA notification earlier in the year. Dr. Jeffrey Liva spoke about the existing process that is necessary to receive a federal waiver in order to drive a motor coach if you are a type 1 insulin-dependent diabetic, and the fact that the FMCSA is proposing to remove the layers of medical qualifications that are now required to insure that a driver who is insulin-dependent can safely operate in interstate commerce. The existing program requires medical providers to “sign off” on several levels, including vision. It also requires CMEs to follow up on the driver’s medical condition from quarterly to annually, depending on the severity of the condition and the amount of control that the treatment seems to be having.

The FMCSA is proposing to remove the federal program and exchange it for the advice of a “treating clinician”. The proposed rulemaking also has not assigned any standards of qualification yet for insulin-dependent drivers. After much discussion the members of our group voted for “No Change” to the current Federal Waiver program, citing concerns of having a much greater risk of medically unqualified drivers on the road due to far less stringent regulations in regard to diabetic drivers.

Another issue discussed was the possibility that the Federal DOT Drug Testing program may allow urine testing to be replaced with “Hair Follicle Testing”. This is where hair from any part of the body can be tested and provide a much greater length of time to be looked at for the presence of drug abuse, allowing for the detection of drug abuse several months or possibly even years ago.

Our group voted “In Favor” of allowing this change as long as the wording of a new regulation would specify that “companies must use hair follicle testing so that everyone would be operating under equal testing requirements. (The proposal is now indicating that companies may use hair follicle testing.)

Another medical issue that was discussed was the fact that a regulation has already been passed (but not in effect yet) which will put new DOT medical exam forms into use and
require CMEs to report results directly to the Federal and State governments for incorporation into driver motor vehicle records.

A related proposal is the establishment of a “Drug and Alcohol Clearinghouse” for consolidating information about driver drug and alcohol testing results, MVRs and background check data into one source. The target date for the proposal to be published is December of 2015.

**Sleep Apnea** regulation has been determined to be a moot point, since the FMCSA has withdrawn all Sleep Apnea guidance. It is being left to CMEs to detect and deal with all serious cases of Sleep Apnea.

Lastly, we discussed the “Entry Level Driver Training” Rule (ELDT) being proposed. It would require specific curriculums be taught and completed in order to get a CDL, and to get P or S endorsements if you already have a CDL. **Trainers** (individuals, entities or companies) would have to register and pass certain levels of qualifications showing proficiency for the curriculums they would be teaching. All training would involve a regulated number of classroom hours, “practice range” hours, and on road driving hours. We have not received enough specifics on the proposal yet to discuss at the meeting, but more details will be available on the ABA website.

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