Diabetes, Insulin and Driving

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Objectives

1.) Review the MN requirements for diabetic patients using insulin who have a Class D drivers license.
2.) Review the MN/DOT requirements for diabetic patients using insulin who have a commercial license.
3.) Review the Waiver reporting requirements for Insulin-Dependent Diabetic Drivers
4.) Discuss Medical Examiner requirements
Diabetes and Driving

Driving by diabetic patients may be impaired by 3 factors

1.) hyperglycemia
2.) hypoglycemia
3.) diabetic complications

Cognitive function loss may occur from acute hyperglycemia and perhaps chronic hyperglycemia

However, cognitive dysfunction from hypoglycemia is most striking

Diabetes and Driving

- Progressively aiming at near normoglycemia has consequently increased the rate of hypoglycemia
- Hypoglycemia unawareness affects ~25% of patients with type 1 diabetes
  - Incidence of severe hypoglycemia in type 2 diabetes is lower
- Sequelea of diabetes can also impair driving
  - Retinopathy impairs vision and treatment with laser coagulation may reduce peripheral vision
  - Peripheral neuropathy may interfere with operation of a motor vehicle

The law, driving and diabetes

-Laws/rules/regulations must balance individual interests with general interests of traffic safety
-must estimate the safety risks of granting driving privileges to a certain group of people with a possibly increased risk of automotive accidents

-Current legal restrictions are prompted by impending danger of hypoglycemia while driving, as well as possible interference of chronic diabetes

Research

METHODS
- Office based surveys and questionnaires
- Hospital registry based research
- Research based on records of authorities
- Insurance record based research
- Driving simulator studies
- Blood glucose awareness training (BGAT)
Research

- Older studies found no association or a small association between diabetes and traffic accidents
- Associations usually not statistically significant

- More recent U.S. research indicates a clear trend
  - Frequently statistically significant data indicating a slightly increased risk of road traffic accidents in diabetic drivers

  - Increase in relative risk (in some studies) only found in subgroup of diabetic patients

*Overall, studies indicate road traffic accidents directly caused by diabetes = relatively rare

Regarding commercial driving

-Songer and Lave (various assumptions; if diabetic drivers were licensed to drive commercial vehicles) mild to moderate hypoglycemia would increase accidents:
-6.1 fold for insulin-dependent diabetics
-4.1 fold for non-insulin diabetics

*An additional 42 accidents per year in US

-If severe hypoglycemic events included, risk increases 20-fold
- Songer and Lave:
  - If severe hypoglycemia events are excluded, relative risk drops to 3.7 and 2.7 for insulin-dependent and insulin independent drivers respectively

* Other higher risks are generally accepted
  - 16 year old drivers
  - allowing unsafe motorways

* Insulin dependent drivers are within range of accepted risk

keeps a list of laws by state on website

Are applicants for a driver’s license asked questions about diabetes?

Yes. The driver’s license application (first time and renewal) asks the applicant whether he or she has any medical condition that may impair his or her ability to safely operate a motor vehicle.

Applicants are also asked whether they use insulin, and whether they use any medications, other than insulin, to control loss of consciousness or voluntary control. If an applicant answers “Yes” to any of these questions, he or she is required to have a physician complete a medical evaluation form.

What other ways does the state have to find out about people who may not be able to drive safely because of a medical condition?

The state accepts reports of potentially unsafe drivers from: police officers, the courts; physicians, family members, friends, other citizens and hospitals. The licensing agency does not accept anonymous reports, and does not investigate any of the reporting sources before it begins an evaluation of the driver. Drivers may also be required to have a medical evaluation if they have impairments which are observed by licensing agency personnel during the licensing process, if they have an at-fault crash involving a fatality, or when applying for handicapped parking permits.
What is the process for medical evaluations of drivers?

- Individuals who use insulin OR who have an episode of loss of consciousness in a motor vehicle must have a medical evaluation form filled out by a physician.

- When an evaluation is required, a form is sent to the individual, which must be completed by his or her physician.

- Individuals who use insulin must complete a portion of the form indicating whether they have had a loss of consciousness while driving a motor vehicle, and if so, to indicate the date.

  - Loss of consciousness is defined as an inability to assume and retain an upright posture without support or being unable to overcome symptoms of diabetes without assistance.
-The form also asks whether the individual has had other **non-driving related episodes of loss of consciousness**.

-The physician is asked to provide a **diagnosis**, describe the **treatments** or medications prescribed, indicate whether the **patient cooperates** with the treatment, and indicate the **prognosis for control** of diabetes.

-In addition, the physician is asked to indicate whether the individual is **qualified (in all medical aspects) to exercise reasonable and ordinary control over a motor vehicle** and whether a **follow-up medical examination** should be required.

-Medical evaluation forms must be returned to the licensing agency, where they are evaluated and a licensing decision is made. Periodic follow-up medical evaluations may be required, based on agency guidelines and the recommendation of the physician.
Has the state adopted specific policies about whether people with diabetes are allowed to drive?

Drivers who are diagnosed with insulin-treated diabetes are required to report this diagnosis to the licensing agency within 30 days.

All individuals who use insulin must submit an evaluation form from a physician at least every four years (more often if there have been episodes of loss of consciousness or if the physician so recommends).

Minnesota Law

What is the state’s policy about episodes of altered consciousness or loss of consciousness that may be due to diabetes?

- An individual must be **free of episodes** of loss of consciousness for **six months** in order to be licensed.

- Driving privileges are **suspended for six months** when the agency learns of an episode, and a **physician’s evaluation** is required after a driving-related episode **every six months until the person has been episode free for 1 year**.

- The individual is then required to submit **medical evaluations annually** until the person has been **episode-free for 4 years**. At that point, evaluations are **required every 4 years or additionally as required by the physician**. The suspension period may be waived under certain circumstances at the discretion of the licensing agency.
What is the process for appealing a decision of the state regarding a driver’s license?

If a license is denied or suspended, the applicant has the right to appeal the decision to the state’s medical advisory board, which will review the case and make a recommendation. The applicant has the right to appeal the decision of the medical advisory board to district court.

May an individual whose license is suspended or denied because of diabetes receive a probationary or restricted license? No.
Insulin-Treated Diabetes Mellitus Report

Please read the instructions on the back of this form carefully before completing.

DRIVER COMPLETES THIS SECTION (PRINT OR TYPE)

Driver’s License Number

First Name  Middle Name  Last Name

Date of Birth (mm/dd/yy)

1. While driving, operating or in physical control of a motor vehicle, have you had an episode of loss of consciousness due to diabetes?
   Loss of consciousness means being unable to assume and retain an upright posture without support or being unable to overcome diabetic symptoms without assistance.
   □ Yes  □ No
   If yes, date (mm/dd/yy)

2. Have you had other non-driving related episodes of loss of consciousness?  □ Yes  □ No

I certify that the information provided above is accurate. I understand that any episode of loss of consciousness that occurs while driving, operating or in physical control of a motor vehicle must be reported to the Minnesota Department of Public Safety, Driver and Vehicle Services. The report must be made within 30 days of the episode. If I fail to make this report within 30 days, I understand that it will result in the loss of my driving privileges.

X  Signature  Date (mm/dd/yy)

PHYSICIAN MUST COMPLETE

Note to Reporting Physician: Your report is advisory. Driver and Vehicle Services is responsible for determining eligibility to drive.

1. Diagnosis ______________________________  Date (mm/dd/yy) ______________

2. Treatment/Medication ______________________________

3. Is the patient cooperating with treatment?  □ Yes  □ No

4. Prognosis for control of the person’s diabetic condition ______________________________

5. To your knowledge, is the patient qualified, in all medical respects, to exercise reasonable and ordinary control over a:
   Motor vehicle?  □ Yes  □ No  Commercial Vehicle?  □ Yes  □ No

Comments: ______________________________

6. A review examination should be required every (check one):  □ 4 years  □ 3 years  □ 2 years  □ 1 year  □ 6 months

7. A six-month or annual review is required until episode-free for four years. No recommendation results in four year review, if eligible.

X  Signature  Date (mm/dd/yy)

Printed name: ______________________________  Phone (INCLUDE AREA CODE) ______________________________

Address: ______________________________
INSTRUCTIONS

- Mail the completed form to Driver and Vehicle Services, Driver Evaluation Unit, 445 Minnesota Street, St. Paul, Minnesota 55101-5170.

- If you have questions or need additional information, please contact DVS at (651) 296-2021, (651) 282-6555 (TTY) or email: drivers.licenses@state.mn.us

- The requested information is needed to determine if your medical condition may interfere with your ability to safely operate a motor vehicle. If your driving privileges are canceled based on the information provided by you or your physician, you have the right to a review by the Diabetic Medical Review Board. Requests for a review must be submitted in writing to Driver and Vehicle Services at the address listed above.

- Reporting requirements for drivers with insulin-treated diabetes are established in Minnesota Rules, chapter 7410. Failure to provide complete and accurate information will result in the loss of your driving privileges.

MINNESOTA RULE 7410.2610 - INSULIN-TREATED DIABETES MELITUS

Subp. 3.
Reporting diagnosis of insulin-treated diabetes or episode.

A person shall report a diagnosis of insulin-treated diabetes or an episode, in writing, to the department as follows:

A. after a diagnosis of insulin-treated diabetes:
   (1) at the time of applying for a driver’s license; and
   (2) within 30 days after the diagnosis;

B. for a driving-related episode:
   (1) within 30 days after the episode; and
   (2) on a regularly scheduled physician’s statement as required in subpart 3a; and

C. for a non-driving-related episode, on a regularly scheduled physician’s statement as required in subpart 3a.

If a person has reason to know the requirements of items A and B, and willfully fails to report or willfully makes a material misrepresentation to the department concerning the person’s diabetic condition, the commissioner shall suspend the person’s driver’s license for six months. The six-month suspension period will begin within 30 days from the date the department discovers the failure to report or misrepresentation.

Subp. 3a.
Physician’s statement required.

A physician’s statement, on a form prescribed by the commissioner, is required:

A. after the person:
   (1) is diagnosed as having insulin-treated diabetes; or
   (2) has a driving-related episode under subpart 3; and

B. every six months until the person has been episode free for a year; and then

C. annually until the person has been episode free for four years; and then

D. every four years; and additionally

E. as recommended by the physician or by the department.

The six-month, one-year, or four-year period will begin from the date the most recent physician’s statement has been received and approved by the department. During a period of cancellation or suspension under this part, the department shall not require a physician’s statement until the end of the cancellation or suspension period.

If a person fails to return a physician’s statement to the department within 30 days from the date of mailing, the commissioner shall cancel the person’s driver’s license until the physician’s statement is submitted to the department and accepted.

The physician’s statement must indicate, at least, the date of each of the person’s episodes since the previous physician’s statement, whether the person is cooperating in the treatment of the condition, the person’s prognosis for control of the person’s diabetic condition, and whether the person is medically qualified to exercise reasonable and ordinary control over a motor vehicle on the public roads.
Class D License

Form on previous slides can be found at

Minnesota has a separate process for certifying the safety of insulin-dependent diabetic drivers who will be operating freight and commercial vehicles.

-This waiver is specifically for INTRASTATE driving. INTERSTATE driving will be discussed separately.
Dear Insulin-Dependent Diabetic Waiver applicant or renewal applicant,

Enclosed are the Insulin-Dependent Diabetic Waiver instructions and application packet you requested.

Included in this Insulin-Dependent Diabetic Waiver packet you will find:

- How to obtain a Minnesota Intrastate Insulin-Dependent Diabetic Waiver
- Driver Waiver Application/Checklist
- Ophthalmologist or Optometrist Examination Report
- Physician’s Examination Report
- Notice to Medical Examiners
- Insulin-Dependent Diabetic Maintenance Requirements
- Motor Vehicle Driving Record (MVR)

Please take the time to read the application and the attachments carefully. Please ensure the driver information is complete and all required information is attached before submitting the applications. **All incomplete applications will be returned.**

There are no provisions for a temporary waiver during the application and review process. The issuance of a waiver is in no way an automatic event.

If you have any questions regarding the application or what documents you are required to submit, please call (651)366-3674.

This application can either be faxed to (651)366-3718, or mailed to the address above.

Thank you.

Sincerely,

**Michelle Rykken**

Michelle Rykken
State Programs Administrator Sr.

*Your Destination...Our Priority*
Steps to apply for a Minnesota Intrastate Insulin-Dependent Diabetic Waiver

Step 1: MnDOT APPLICATION PACKET - Complete the application. The applicant is responsible for providing all required information and documents. Prior to submitting the application, review all information and make sure each item on the checklist is completely filled out and all required information is included. If the application is missing information or is completed incorrectly, your application will be returned.

Step 2: MEDICAL EXAMINER (DOT PHYSICAL EXAMINATION)
Schedule an appointment for a DOT Physical Exam to be completed by a medical examiner. The examiner can be a physician (MD, DO), advanced nurse practitioner (CNP), physician’s assistant (PA), or a chiropractor. Return a copy of the physical examination, and include a copy of the Medical Examiner’s Certificate (Health Card) with your application. If the waiver is approved, it will expire on the same date as the expiration date on the Medical Examiner’s Certificate. Once issued, it is the applicant’s responsibility to keep the Medical Examiner’s Certificate and Waiver current.

Step 3: Insulin-Dependent Diabetic Physician’s Examination Report
Schedule an examination with your endocrinologist or a physician (MD). This report cannot be signed by a Certified Nurse Practitioner (CNP). You must bring the Insulin-Dependent Diabetic Physician’s Examination Report to the exam.

Step 4: Insulin-Dependent Diabetic Driver Waiver Eye Examination Report
Schedule a vision examination by an ophthalmologist or optometrist. You must bring the Insulin-Dependent Diabetic Driver Waiver Eye Examination Report included in this packet to your appointment. Include this form with your application.

BE ADVISED: The Physicians Examination and Eye Examination reports are only valid for 6 months from date of exam.

Step 5: Copy of Driver’s License (Front & Back)
Include a clear photocopy of your Driver’s License front & back. NOTE: If your driving record shows your driver’s license has been suspended, canceled, or revoked within the past three years, you may not be eligible for a waiver. If you have not held a Minnesota driver’s license for the previous three years, you will need to include a certified copy (from the state licensing agency) of your driving record from that respective state.

After these five steps have been fully completed, forward your application to the address above. MnDOT will review the information submitted and notify you of the decision within 30 days of receiving all information. There is no provision for a temporary waiver during the application and review process. Please understand that the issuance of a waiver is in no way an automatic event. We must be satisfied that highway safety will not be compromised. If a waiver is issued, you must comply with its terms and conditions. Failure to do so will result in the revocation of the waiver.
Mn/DOT Application

- Insulin dependent drivers of commercial vehicles must completely fill out this form, which includes:
  
  - Basic demographic information
  - Employer information
  - Vehicle information (truck, trailer, bus, etc)
  - Types of driving performed (over-the-road, short relay, local delivery, sleeper with co-driver, etc)
  - Hours driving per week and miles per year
  - Type of cargo transported

State of Minnesota Commercial Vehicle Operations. CVO Applications/Forms. [http://www.dot.state.mn.us/cvo/credentials.html](http://www.dot.state.mn.us/cvo/credentials.html)
Insulin-dependent Diabetic Driver Waiver
Eye Examination Report

Dear Eye Care Professional:

(Patient's name) ________________________, who appears before you is applying to this office for a waiver from the medical standards for commercial vehicle drivers. We must have information as to whether the patient's diabetic condition has had an effect on his/her visual health. Please examine the patient according to the criteria listed below, and answer each question accordingly. Finally, please sign and date the report.

Does this patient have unstable proliferative diabetic retinopathy? yes   no

What is this patient's distant visual acuity (Snellen)? Left: 20/____  Right: 20/____

Is this reading with or without corrective lenses? with   without

Does the patient's visual acuity appear to be stable? yes   no

_____________________________  ______________________________
Ophthalmologist or Optometrist name and title  Minnesota license number
(please print)

_____________________________  ______________________________
Office/clinic name and telephone number  Signature

_____________________________  ______________________________
Date of examination  Signature
Eye exam

- Ophthalmologist or Optometrist must indicate
  - whether patient has unstable proliferative diabetic retinopathy
  - Patients distance visual acuity (Snellen)
  - If patient is using corrective lenses
  - If patients visual acuity appears stable
Insulin-Dependent Diabetic
Physician’s Examination Report

Dear Licensed Physician:

The patient before you is applying to this office for a waiver from the medical standards for commercial vehicle drivers. We have asked the patient to share with you a copy of the application packet so that you are aware of our requirements. We are asking your cooperation in examining the patient in accordance with the criteria listed below. If all of these statements are found to be true, please certify that by placing your signature and today’s date at the bottom of the report.

I examined ____________________________ on _______________________.

I understand that the examination is one of the preconditions required of a person who applies to the Minnesota Department of Transportation for a waiver from the qualification requirements contained in the Federal Motor Carrier Safety Regulations at 49 CFR 391.41(b)(3), and adopted by Minnesota Statutes. I fully understand what type of examination is required. I, therefore, based upon my examination, do declare:

1) I am familiar with the patient’s medical history for the past three years either through actual treatment over that time, or through consultation with the physician who has treated the patient during that time;

2) The patient does not have severe hypoglycemia;

3) The patient does not have hypoglycemia unawareness;

4) Within the last three years, the patient has not had a hypoglycemic reaction that resulted in any change in mental or physical status that would have been detrimental to safe driving;

5) The patient’s diabetic condition would not adversely impact the patient’s ability to operate a commercial motor vehicle;

6) The patient has been educated in diabetes and its control, thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes, and what procedures should be followed if complications arise;

7) The patient has the ability and has demonstrated his/her willingness to properly monitor and manage his/her diabetes.

________________________________________________________________________

Physician’s name and title (please print)               Minnesota license number

________________________________________________________________________

Office/clinic name and telephone number

________________________________________________________________________

Signature                                      Date of examination
Applicant: Please pass this on to your Medical Examiner

NOTICE TO MEDICAL EXAMINERS

The Minnesota Department of Transportation is required by law to obtain certain medical information before granting waivers of various medical requirements for commercial motor vehicle drivers. We have been receiving medical exam reports with numerous omissions causing unnecessary delays for the affected applicants and making it difficult for the Department to review the waiver application. Therefore, we ask that you assist both the applicant and the Department by carefully following the requirements for waiver applicants.

“DOT” Medical Examinations

Commercial vehicle drivers are required to be examined by a qualified medical examiner who performed an examination in accordance with the Code of Federal Regulations, title 49, section 391.43. The Minnesota Department of Transportation (Mn/DOT) recognizes physical examinations and certifications performed by doctors of medicine, osteopathy, and chiropractic. Physicians assistants and nurse practitioners may also perform these functions only if they have been delegated the authority by a supervising physician in a written agreement. The medical examiner’s handwritten signature and title is required on the report, and the line “medically unqualified unless accompanied by a waiver” should be checked. This certifies the patient passed the examination except for the medical condition that is subject to waiver.

Additional Examination for Waivers

Mn/DOT currently accepts applications for waivers from drivers who are not qualified under 391.43. For these applicants we require a more extensive examination of their particular medical condition by a licensed physician or other medical specialist. Currently, we accept applications for the following types of waivers:

- Deaf/hard-of-hearing: requires additional examination by a licensed physician.
- Insulin-dependent diabetic: requires additional examination by a licensed physician and an ophthalmologist or optometrist.
- Physical: the loss or impairment of leg, foot, toe, arm, hand, or fingers. Requires additional examination by a board qualified or board certified physiatrist (doctor of physical medicine) or orthopedic surgeon.
- Vision: requires additional examination by a qualified optometrist or ophthalmologist.

The applicant has a packet that contains information regarding the medical conditions that should be addressed for each particular waiver. We appreciate your assistance in responding to the specific requirements.
Physical Exam

- Applicants need both a DOT exam and an Insulin-dependent diabetic Physician's Examination Report (IDDPER)

- DOT physicals can be performed by MD, DO, advanced nurse practitioners (CNP), physician's assistants (PA) or chiropractors

- IDDPER's must be performed by a physician (no PAs or CNPs)

**Patient must bring form to exam**

State of Minnesota Commercial Vehicle Operations. CVO Applications/Forms. [http://www.dot.state.mn.us/cvo/credentials.html](http://www.dot.state.mn.us/cvo/credentials.html)
Insulin-Dependent Diabetic
Physician’s Examination Report

Dear Licensed Physician:

The patient before you is applying to this office for a waiver from the medical standards for commercial vehicle drivers. We have asked the patient to share with you a copy of the application packet so that you are aware of our requirements. We are asking your cooperation in examining the patient in accordance with the criteria listed below. If all of these statements are found to be true, please certify that by placing your signature and today’s date at the bottom of the report.

I examined _____________________________ on ____________________________.

I understand that the examination is one of the preconditions required of a person who applies to the Minnesota Department of Transportation for a waiver from the qualification requirements contained in the Federal Motor Carrier Safety Regulations at 49 CFR 391.41(b)(3), and adopted by Minnesota Statutes. I fully understand what type of examination is required. I, therefore, based upon my examination, do declare:

1) I am familiar with the patient’s medical history for the past three years either through actual treatment over that time, or through consultation with the physician who has treated the patient during that time;

2) The patient does not have severe hypoglycemia;

3) The patient does not have hypoglycemia unawareness;

4) Within the last three years, the patient has not had a hypoglycemic reaction that resulted in any change in mental or physical status that would have been detrimental to safe driving;

5) The patient’s diabetic condition would not adversely impact the patient’s ability to operate a commercial motor vehicle;

6) The patient has been educated in diabetes and its control, thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes, and what procedures should be followed if complications arise;

7) The patient has the ability and has demonstrated his/her willingness to properly monitor and manage his/her diabetes.

Physician’s name and title (please print)          Minnesota license number

Office/clinic name and telephone number

Signature                        Date of examination
Physician must declare 7 statements to be true:

1.) I am familiar with patients medical history for the past three years either through actual treatment over that time, or through consultation with the physician who has treated the patient during that time.

2.) The patient does not have **severe hypoglycemia**

3.) The patient does not have **hypoglycemia unawareness**

4.) Within the last three years, the patient has not had a hypoglycemic reaction that resulted in any **change in mental or physical status** that would have been detrimental to safe driving.
5.) The patient's diabetic condition would not **adversely** impact on the patient's ability to operate a commercial motor vehicle

6.) The patient has been **educated in diabetes** and its control, thoroughly informed of and understands the procedures which must be followed to monitor and manage his/her diabetes, and what procedures should be followed if complications arise

7.) The patient has the ability and has demonstrated his/her **willingness to properly monitor and manage** his/her diabetes
Insulin-Dependent Diabetic
Driver Waiver Application

Waiver Reporting Requirements

Once an applicant is accepted into the Mn/DOT diabetic waiver program there are thirteen requirements that must be complied with in order to retain the waiver.

Failure to comply with any of the following special conditions may result in the revocation of the waiver.

As a waived driver, you will be required to:

1. Carry, use and record, in a log, the readings from a portable self-monitoring blood glucose device (SMBG) that is equipped with a computerized memory. If your device is capable of printing paper tape reports, these may be used instead of a log.

   Blood glucose monitoring must be done one hour prior to and approximately every four hours while on duty, as defined in 49 CFR 395.2.

   Make log records or tapes available to any authorized enforcement official upon request.

2. Carry upon your person and use, as necessary, a source of rapidly absorbable glucose.

3. Carry insulin and the equipment/materials necessary for administering the medication.

4. Report, in writing, any citation for a moving traffic violation you receive involving the operation of a CMV to the Program Administrator, Mn/DOT Office of Freight and Commercial Vehicle Operations, no later than 15 days following issuance of citation. A photocopy of the citation must accompany the written report.

5. Report, in writing to Mn/DOT, the judicial/administrative disposition of any citation for a moving violation while operating a CMV no later than 15 days following notice of disposition.

6. Report, in writing to Mn/DOT, involvement in any accident whatsoever while operating a CMV no later than 15 days following the accident. Include State, insurance company, and/or motor carrier accident reports.

7. Report, in writing to Mn/DOT, any change of residence, or telephone number no later than 15 days after such a change.

8. Report, in writing to Mn/DOT, any change of employer (including name, address, telephone number), or type of vehicle operated no later than 15 days after such a change.

9. Submit any medical information derived from medical assistance or treatment arising from an accident to Mn/DOT no later than 15 days following an accident. A copy of the attending physician’s and laboratory reports will meet the reporting requirement.

10. Submit log records of your blood glucose values for the 24 hour period immediately prior to any accident involvement to Mn/DOT no later than 15 days following the accident.

11. Submit a signed statement from your treating physician every six months from the date the waiver is granted. This statement must include the following three items:
   a. the date and a description of each episode experienced by the person during the previous six months (or since date of last physician’s statement submitted to Mn/DOT) that involved a loss of consciousness or voluntary control due to hypoglycemia or hyperglycemia.
   b. the treating physician’s prognosis for control of your diabetes.
   c. the physician’s professional opinion about whether you continue to be medically qualified to exercise reasonable and ordinary control over a commercial motor vehicle on the public highways.

   This exam must be conducted within the six week period preceding each six month period.

12. Waived drivers who use a medical specialist, other than the one who conducted the initial exam, must be reexamined by a licensed physician using the criteria established, and submit a signed statement. Do not submit medical records, bills, or reports.

13. Submit a signed statement from an eye care professional to the Mn/DOT State Programs Administrator no later than 15 days before the anniversary of the waiver issuance date.

   The signed statement must indicate that you have been examined and found not to have unstable proliferative diabetic retinopathy, and that you have stable visual acuity (at least 20/40 Snellen) in each eye, corrected or uncorrected.

   This exam must be conducted within the six week period immediately preceding the anniversary of the waiver issuance date.

All documentation described in 4 through 13 above, must be mailed to:

Minnesota Department of Transportation
Office of Freight and Commercial Vehicle Operations
395 John Ireland Boulevard MS 420
St. Paul, MN 55155-1699
Attn: State Programs Administrator
A waived driver is required to:

1.) Carry, use and record, in a log, the readings from a portable self-monitoring blood glucose device (SMBG) that is equipped with a computerized memory. If your device is capable of printing paper tape reports, these may be used instead of a log. Blood glucose monitoring must be done one hour prior to and approximately every 4 hours while on duty.

2.) Carry upon your person and use, as necessary, a source of rapidly absorbable glucose.

3.) Carry insulin and the equipment/materials necessary for administering the medication.
13 Waiver Requirements

4.) Report, in writing, any citation for a moving traffic violation you receive involving the operation of a CMV to the Program Administrator, Mn/DOT Office of Freight and Commercial Vehicle Operations, no later than 15 days following issuance of citation. A photocopy of the citation must accompany the written report.

5.) Report, in writing to Mn/DOT, the judicial/administrative disposition of any citation for a moving violation while operating a CMV no later than 15 days following notice of disposition.

6.) Report, in writing to Mn/DOT, involvement in any accident whatsoever while operating a CMV no later than 15 days following the accident. Include State, insurance company, and/or motor carrier accident reports.
7.) Report, in writing to Mn/DOT, any change of residence, or telephone number no later than 15 days after such a change.

8.) Report, in writing to Mn/DOT, any change of employer (including name, address, telephone number), or type of vehicle operated no later than 15 days after such a change.

9.) Submit any medical information derived from medical assistance or treatment arising from an accident to Mn/DOT no later than 15 days following an accident. A copy of the attending physician’s and laboratory reports will meet the reporting requirement.

10.) Submit log records of your blood glucose values for the 24 hour period immediately prior to any accident involvement to Mn/DOT no later than 15 days following the accident.
11.) Submit a signed statement from your treating physician every six months from the date the waiver is granted. This statement must include the following three items:

   a. the date and a description of each episode experienced by the person during the previous six months (or since date of last physician's statement submitted to MN/DOT) that involved a loss of consciousness or voluntary control due to hypoglycemia or hyperglycemia.

   b. the treating physician’s prognosis for control of your diabetes.

   c. the physician's professional opinion about whether you continue to be medically qualified to exercise reasonable and ordinary control over a commercial motor vehicle on the public highways.

   This exam must be conducted within the six week period preceding each six month period.
13 Waiver Requirements

12.) Waived drivers who use a medical specialist, other than the one who conducted the initial exam, must be reexamined by a licensed physician using the criteria established, and submit a signed statement. Do not submit medical records, bills, or reports.

13.) Submit a signed statement from an eye care professional to the Mn/DOT State Programs Administrator no later than 15 days before the anniversary of the waiver issuance date.

The signed statement must indicate that you have been examined and found not to have unstable proliferative diabetic retinopathy, and that you have stable visual acuity (at least 20/40 Snellen) in each eye, corrected or uncorrected. This exam must be conducted within the six week period immediately preceding the anniversary of the waiver issuance date.
Interstate driving

US Department Of Transportation
Federal Motor Carrier Safety Administration
FMCSA application

- Very similar to MN intrastate application
  1. Applicant Information Checklist;
  2. Signed copy of the Medical Examination Report (completed by the Medical Examiner);
  3. Signed copy of the Medical Examiner’s Certificate (completed by the Medical Examiner);
  4. Endocrinologist Evaluation Checklist;
  5. Vision Evaluation Checklist;
  6. Copy of your driver’s license and motor vehicle record.

Federal Motor Carrier Safety Administration. US Department of Transportation.
The applicant must be examined by a medical examiner, as defined in 49 CFR 390.5. The examiner can be a **physician**, (MD, DO), **advanced nurse practitioner**, **physician assistant**, or **chiropractor** if allowed by their state regulations to certify drivers. This examination STARTS the exemption process.

Other than the use of insulin to treat their diabetes, any other medical problem or condition that prevents the applicant from being certified by the medical examiner must be **corrected BEFORE the rest of this application is completed**. Therefore, the endocrinologist and vision evaluations SHOULD NOT be completed until the medical examiner certifies the applicant.
Endocrinologist checklist

-The applicant must be examined by a physician who is a board-certified or board-eligible endocrinologist.

-The applicant must take the Endocrinologist Evaluation Checklist and glucose logs to the appointment.

-The endocrinologist must complete all parts of the checklist.

-The applicant must submit the endocrinologist’s signed letterhead, a completed checklist, and any additional reports outlined in the checklist to the exemption program.

Vision Checklist

-The applicant must have a vision examination by an ophthalmologist or optometrist.

-An applicant with diabetic retinopathy MUST be evaluated by an ophthalmologist.

-The applicant must take the Vision Evaluation Checklist to the appointment.

-The ophthalmologist or optometrist must complete all parts of the checklist.

-The applicant must submit the optometrist/ophthalmologist’s signed letterhead and a completed checklist to the exemption program.

Note

- Both the Endocrinologist and Vision medical evaluations are only valid for 6 months from the date performed.

- The medical examiner’s evaluation is valid for 1 year from the date performed.

**Applicants will be required to submit a new examination for any of the aforementioned examinations if they expire during the application process.**
Timeline and Requirements

How Long Does the Process Take?
The FMCSA is required to complete the application process within 180 days from the date all required information is submitted by the applicant.

What Is Required of the Driver After an Exemption Is Granted?
The exemption certificate and requirements are sent to the exempted applicant by certified mail.
The FMCSA can issue an exemption for a maximum of 2 years. Quarterly and annual medical monitoring and reporting are conditions of the exemption from the Federal diabetes standard of 49 CFR 391.41(b)(3). The driver will receive the necessary forms from the FMCSA and will be responsible for compliance. Additionally, the driver is required to reapply for renewal every two years, and, as with monitoring, the responsibility of re-application rests with the driver. The driver must have yearly medical re-certification examinations.

Federal Motor Carrier Safety Administration. US Department of Transportation. 
"The Diabetes Exemption Program was a big step forward, but it contained a provision that required individuals to have **3 years of commercial driving experience while using insulin** in order to even be eligible for an exemption.

This proved to be a big Catch 22 since it was impossible to gain this driving experience in many states, and nearly impossible in others.

This "3-year rule" was not necessary to ensure safety, since the program contained over 50 other medical and safety provisions. Further, it was opposed by the Federal Motor Carrier Safety Administration's own Expert Medical Panel.

Out of the **hundreds** of individuals who **applied for an exemption**, only **four received one** due to the difficulty of meeting the 3-year requirement.”

Continued fight

"In the summer of 2005, Congress passed and the President signed the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy of Users (SAFETEA-LU), which required that Federal Motor Carrier Safety Administration (FMCSA) amend the exemption program to eliminate the 3-year requirement and institute the recommendations of the Expert Medical Panel.

FMCSA did so, but at the same time it issued a notice that it would only allow those with an A1C between 7 and 10 to obtain an exemption.

As of now, the provision is still on the books, but FMCSA has committed in writing to not using it as an absolute criteria."

*The American Diabetes Association is working to eliminate the A1C provision*
Thanks!

Resources:


State of Minnesota Commercial Vehicle Operations. CVO Applications/Forms. [http://www.dot.state.mn.us/cvo/credentials.html](http://www.dot.state.mn.us/cvo/credentials.html)
