

DMV Medical Advisory Board

TYPE OF MEETING	DMV Medical Advisory Board
FACILITATOR	Dr. Susan DiGiovanni, Rebecca Parsio
MEETING DATE	Saturday, July 30, 2016
MEETING TIME	9:00 – 12:00
MEETING LOCATION	Conference room 730E
NOTE TAKER	Rebecca Parsio, Sharon Brown and Melissa Velazquez

ATTENDEES

Name	Agency, Company or Association
Dr. Susan DiGiovanni	DMV Medical Advisory Board, Chair
Dr. Juan Astruc	DMV Medical Advisory Board
Dr. Hetzal Hartley	DMV Medical Advisory Board
Dr. Saji Slavin	DMV Medical Advisory Board
Dr. Mark Sochor	DMV Medical Advisory Board
Dr. John Sheppard	Not Present
Dr. John Wittman	Not Present
Sharon Brown	Department of Motor Vehicles
Millicent Ford	Department of Motor Vehicles
Florence Jett	Department of Motor Vehicles
Rebecca Parsio	Department of Motor Vehicles
Melissa Velazquez	Department of Motor Vehicles

CALL TO ORDER

The DMV Medical Advisory Board meeting was called to order by Dr. Susan DiGiovanni at 9:05 AM to address the agenda as posted on the Commonwealth Calendar (Document #1).

PUBLIC COMMENT PERIOD

Dr. DiGiovanni opened the public comment period by reading the following information into the record. "The first item on the agenda is the public comment period. At this time citizens are invited to address the board on any matter related to the board's statutory role pursuant to Va. Code § 46.2-204. The code provides that the board assists the commissioner through the development of medical and health standards for use in the issuance of driver's licenses; and the commissioner may refer to the board for an advisory opinion the case of any person applying for a driver's license or renewal, or of

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any person whose license has been suspended or revoked, or of any person he has cause to believe suffers from a physical or mental disability or disease which will prevent his exercising reasonable or ordinary control of a motor vehicle while driving it on the highways.

This is a time for the board to hear from you and listen to your comments. While this is not intended to be a conversation with the board, the board may ask clarifying questions. Please be aware that the board has a lengthy agenda and limit your comments to 10 minutes or less."

Dr. Ed Wortham, Pediatric Ophthalmologist, addressed the board on behalf of himself, his daughter who was killed by a driver with impaired vision and members of VSEPS (Virginia Society of Eye Care Professionals and Surgeons) who have been meeting to discuss visual field issues. Dr. Wortham also provided written comments (Document #2). After describing the events of his daughter's death, he presented some suggestions for improving DMV processes in the Identification of vision issues.

Dr. DiGiovanni expressed her condolences on the death of his daughter and asked which of his suggestions the board could accomplish and which would require legislation. Rebecca explained that the Code of Virginia states the minimum visual field is 70 degrees for a restricted license and any change to that must be done by the General Assembly. Process changes can be accomplished by DMV internally.

Dr. Wortham was thanked for coming and expressing his concerns.

APPROVAL OF MEETING MINUTES

The Board reviewed last year's minutes (Document #3).

Dr. Sochor asked a question regarding proposed testing of cognitive function in the customer service centers. Rebecca explained that that project was tabled at the last meeting. There are, however, some statistics that show that the new DMV Cognitive Impairment Policy to require knowledge and road skills exam when there is a report of cognitive impairment is working. Individuals who fail the knowledge examination are asked to have an evaluation with a Certified Driving Rehabilitation Specialist (CDRS). Cognitive testing is performed during these evaluations. Based on statistics kept by the DARS (Department for Aging and Rehabilitative Services) 75% of CDRS referrals either end up losing their license or having their license restricted.

Dr. Sochor asked if there were enough of the driving simulators and CDRS evaluators to handle the population. Rebecca indicated that three new specialist were added to the list in the last year. In addition, DARS was able to secure a grant for drivers who have financial limitations.

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Dr. DiGiovanni reported that there are no definitive cognitive tests that could be performed in the customer service center that would translate to driving ability. Research is being done in this area but the available information is inconclusive.

Dr. Astruc made a motion to approve the meeting minutes from July 25, 2015. The motion was seconded by Dr. Sochor and carried unanimously.

REVIEW OF THE MEDICAL INDICATORS SHEET AND STAFF GUIDANCE DOCUMENTS

In order to comply with V Va. Code § 46.2-322 (c), DMV has developed a listing of medications and conditions that the customer service centers use to decide which driver's license applications should be forwarded for medical review (Document #4). The listing, entitled *MRS List of Medical Conditions / Medications Requiring MRS Review* was presented for discussion.

Rebecca reminded the board that this document (#4) is the outcome of input received by the board. The project was initiated because there are many new seizure medications, dementia medications and anti-psychotic medications that were not listed on the prior list.

An intern was brought in from the VCU PharmD program to assist in the development of staff guidance documents that capture board policy, national guidance documents from AAMVA (American Association of Motor Vehicle Administrators, NHTSA (National Highway Traffic Safety Administration) and current literature. These documents (#5 and #6) have been provided to the medical review staff to assist them in looking at incoming medical reports requested by DMV.

Board members agreed to take the list and e-mail the Compliance Officer any suggestions for updates.

Dr. Sochor asked where the documents would be housed. Rebecca indicated that these documents would be in the internal shared drive and staff desk-tops.

MED 2 (Customer Medical Report)

The Med 2 (Document #7) was presented to the board by Rebecca. Rebecca explained that at the request of members of state government, a change was made to the form. On each page of parts A, B, C, D, and E a place was added for the provider to address a crash or medical event that may have precipitated the medical review requirement. In addition, a place was added that providers could address oxygen requirements.

Rebecca expressed that the Med 2 is often a document that receives criticism. For providers, it is lengthy. On the other hand, if the information needed to clear an

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individual to drive under DMV policies is not listed, then DMV is forced to ask additional questions of the customer and provider before allowing someone to drive. Balancing the concerns of everyone involved is challenging.

Dr. Astruc stated some members of VSEPS had expressed concern regarding the length of the document.

Dr. DiGiovanni stated that the physician was only expected to complete portions of the form that apply to the customer. After a discussion of options, the general consensus was to add an N/A (Not Applicable) block to each page so that the physician would see that the information does not need to be repeated on each page.

MED 4 (Vision Report)

The Med 4 (Document #8) was just revised for two reasons. The first is that Dr. Astruc and Dr. Sheppard both assisted DMV with updating the vision waiver for intrastate and excepted CDL (Commercial Driver's License) holders. The requirements were clarified in the notes at the bottom of the Med 4.

Additionally, the check boxes for several ocular conditions were removed. In its place is a space preceded by the instruction to list all ocular conditions. The hope is that DMV will get more information about vision issues.

Dr. DiGiovanni referenced the Goldman visual field perimetry test asking if DMV had decided to eliminate the test.

Dr. Astruc described the Goldman test. The Goldman is very subjective and many providers are unable to perform it. There are still some providers who perform an excellent test, however, central vision is not captured. The Social Security Administration no longer accepts Goldman tests.

Dr. DiGiovanni stated she is in favor of removing the language for Goldman testing. Millicent Ford asked if the testing was outlined in Code. Rebecca stated that the Code does not dictate the tests that should be used.

Dr. Astruc recommended language that eliminates the Goldman. Dr. Hartley stated that Board should include language that "tests that do not meet the requirements will not be accepted."

DL 1P (DRIVER'S LICENSE APPLICATION)

Rebecca presented the current driver's license application (Document #9). The

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questions that would be screened by the customer service centers do not capture ocular conditions. Rebecca asked for an appropriate question that would catch eye diseases.

After discussion of options, the consensus was to add "Do you see a provider for any other eye condition?"

CDL SELF-CERTIFICATIONS AND DMV WAIVER GUIDELINES

Rebecca presented a descriptive summary of the Commercial Driver's License (CDL) self-certification categories, explaining that the Commissioner of DMV is charged with the administration of waivers to all drivers who are non-excepted intrastate or excepted interstate or intrastate drivers (Documents #10 and #11)

A spreadsheet outlining federal waiver requirements, current state requirements and proposed state requirements was presented (Document #12).

Virginia may be more restrictive than the federal standard, but not less so.

The vision waiver has already been discussed with Dr. Astruc and Dr. Sheppard who have given their opinions.

The insulin waiver is similar to what DMV currently uses, however the vision component would need to be strengthened in order to meet Federal guidelines.

The Federal Motor Carrier Safety Administration (FMCSA) now has a seizure waiver. DMV varies from that in two ways. Virginia has not distinguished between seizure types and has a 7 year waiting period for all seizure types. The FMCSA standard is 8 year waiting period but allows for single event seizures to be considered sooner.

DMV is asking for input and approval of the proposed waiver standards.

Dr. Astruc asked if DMV needed legislation to change waiver standards. Rebecca explained that the Virginia Motor Carrier Regulations assign waiver administration and determinations to the Commissioner of DMV.

Dr. Sochor motioned to approve the waiver standards. Dr. Hartley seconded. The motion carried unanimously.

MEDICAL EVALUATION OF SCHOOL BUS DRIVERS

Dr. Hartley presented a packet of information (Document #13). His concern is centered

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on the use of the family medical provider to certify a driver's health instead of a trained U.S. Department of Transportation (DOT) approved examiner. He cited some examples from a school district that recently began sending their drivers to Carillion. For example, one criterion is the ability to assist students in an emergency. A driver using a walker to get on and off the bus and ambulate to the bus will not be able to assist students in the manner expected by Federal and State standards.

Dr. Hartley shared that the state standard mirrors the federal standard with some phrases that give the local school boards a lot of leeway. The biggest concern is that family physicians are not objective in the way that federally certified physicians are. Melissa Velazquez stated that the Code of Virginia vests the Board of Education with authority in this area including proscribing the scope of the physical examination for bus drivers and to the form to be completed. The Board may recommend to the Commissioner that he contact the Superintendent of Public Instruction regarding this matter.

The Commissioner of DMV may express the Board's concerns to the Superintendent of Public Instruction.

It was also suggested that as a citizen any member of the Board may approach the General Assembly with their concerns in an individual capacity.

Rebecca added that the DMV DLQA (Driver's License Quality Assurance) examiners had approached her separately about the same issue. One example provided by that group is the use of a bus aide to keep a driver from becoming lost.

The Board decided to share concerns with the Commissioner.

Motion to approve a board recommendation to the Commissioner entered by Dr. Hartley. Dr. Astruc seconded the motion and all approved.

CURRENT VISION STANDARDS, NHTSA STUDY, AAMVA SURVEY AND A SUMMARY OF VISUAL FIELD STANDARDS FROM THE FOUNDATION FOR TRAFFIC SAFETY

Rebecca reviewed the current vision standards by outlining what is in the Code, what is by policy and what has been done by guidance.

Rebecca presented a recent study conducted by the National Highway Traffic Safety Administration (NHTSA) entitled: *Driving with Visual Field Loss: An Exploratory Simulation Study*. The technical report published in January 2009 (available on www.NHTSA.gov) demonstrated that drivers with visual field losses had a significantly delayed response time to incursions into the visual field. The scanning performed by impaired drivers was different from those without a field loss. While the study was small, it provided very detailed information on the impact of visual field loss.

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Dr. Astruc stated that he had done a great deal of literature review on this topic and the information agrees with this study.

Dr. Hartley shared that the simulator used for this study has been used for many different driving variables and has proved reliable.

Rebecca reviewed the summary of a recent AAMVA survey done by Virginia DMV on visual field testing (Document #14). In most cases the minimum visual field required to drive in Virginia is lower than other states.

This information is mirrored by a publication from the American Foundation for Traffic Safety (Document #15). This document was reviewed and discussed.

VISUAL FIELD ISSUES AND COMMUNITY ACTION

Dr. Astruc opened the discussion on the items presented and expressed his concern that the visual field accepted by Virginia DMV is quite low by comparison to other states. He stated that he would recommend going higher.

As stated, however, the allowable visual field is in the Code of Virginia. Changing it would require legislative action.

Dr. DiGiovanni stated that like the school bus issue, DMV could also give a recommendation to the Commissioner.

Dr. Astruc has some connection to the gentleman who spoke during the public comment period. To his knowledge the group he represents is the champion for the issue and is willing to pursue the change. He asked if DMV would support the move.

Melissa Velazquez explained the pathway of agency comment on proposals to the General Assembly. These go through the Governor's office and come to the Commissioner. This Board may make a recommendation to the commissioner in case he was asked to comment on such a proposal.

Millicent Ford stated that DMV could be asked to take up the matter as a study. The chair of the Transportation Committees may request a study. This would allow stakeholders to come up with recommendations and a report. The advantage of a study – allows for data collection and allows legislators to know who supports a proposal and who does not.

Dr. Astruc asked if initiating medical review for ocular conditions would require Code changes. Rebecca explained that it does not. The Board may recommend that DMV

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change the visual field policy to delineate who should be tested.

MEDICAL REVIEW POLICIES

The Board reviewed the DMV medical policies and made recommendations in accordance with Va. Code § 46.2-204. Rebecca Parsio introduced the suggested policy changes provided by various members of the board between meetings. Changes were made to the Cognitive Policy, the Heart Assist Device Policy, the Respiratory Conditions Policy and the Visual Field Policy. Each policy with changes was discussed to determine whether further amendments should be made. Please see the table below for a synopsis of the amendments. The updated policies with their amendments will be posted to DMV's medical webpage. Dr. DiGiovanni asked for a motion to approve policies with further revisions suggested at the meeting.

Policy	Revisions
Cognitive Impairment (Document 16)	Additional language added that allows DMV to perform the steps out of order depending upon circumstance.
Heart-Assist Device (Document 17)	Addition of total assist devices to the policy. Driving is not permitted with these devices.
Respiratory Conditions (Document 18)	Added a section for severe sleep apnea
Visual Field Policy (Document 19)	Visual Fields would be required on all drivers with a vision condition that causes loss of visual field

Discussion:

- Further discussion was held with regard to the Respiratory Policy. Dr. Hartley provided some guidance on evaluation of reports. Compliance of greater than 4 hours per night and a sleep efficiency measure below 10 was suggested. Non-compliant patients will need 90 days of compliance before driving if there was a related incident such as a crash. Amended to provide a standard of 70% of nights greater than 4 hours as an approval standard.
- Further discussion on the Visual Field Policy. Remove Goldman language. Use language that does not promote a single piece of equipment.

Cognitive Policy:

Dr. Sochor moved to approve

Dr. Hartley seconded

All approved

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Heart-Assist Device Policy:

Dr. Astruc moved to approve

Dr. Sochor seconded

All approved

Respiratory Policy:

Dr. Hartley moved to approve as amended

Dr. Sochor seconded

All approved

Visual Field Policy:

Dr. Astruc moved to approve with changes

Dr. Hartley seconded

All approved

CLOSED SESSION

Dr. DiGiovanni made a motion to convene into the closed session. The motion was seconded by Dr. Sochor for the Board to enter into a closed session to discuss matters covered under §§ 2.2-3711 (a)(4) and 2.2-3711(a)(15) of the Code of Virginia, 1950, as amended, pertaining to consideration of medical or mental health records relating to specific individuals; and discussion of personal matters not related to public business. The motion carried unanimously.

CERTIFICATION OF CLOSED EXECUTIVE SESSION

On a motion by Dr. Slavin, seconded by Dr. Sochor and carried unanimously, (the following certification of closed meeting was approved:

Whereas, the Medical advisory Board has convened in executive session on this date pursuant to an affirmative recorded vote and in accordance with the provisions of the Virginia Freedom of Information Act; and

Whereas, § 2.2-3712 of the Code of Virginia, as amended requires a certification by this Medical Advisory Board that such executive closed session was conducted in conformity with Virginia law;

Now Therefore, Be It Resolved that Medical Advisory Board hereby certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the executive closed session to which this certification resolution applies, and (ii) only such public business matters as were identified in the motion convening the executive closed session were

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heard, discussed or considered by the Medical Advisory Board.

REVIEW OF MEDICAL CASES

Motion was made by Dr. Astruc and seconded by Dr. Slavin and carried unanimously to recommend allowing early reinstatement in Medical Case #1

Motion was made by Dr. Astruc and seconded by Dr. Hartley and carried unanimously to recommend 3 months of compliance with effective treatment prior to reinstatement in Medical Case #2

Motion was made by Dr. Slavin and seconded by Dr. Astruc and carried unanimously to recommend continuing with the imposed 6 month suspension of Medical Case #3

Motion was made by Dr. Hartley and seconded by Dr. Slavin and carried unanimously to recommend applying the seizure policy and license suspension for treatment of Medical Case #4

Motion was made by Dr. Astruc and seconded by Dr. Sochor and carried unanimously to recommend suspending the driver's license for Vision Case #1

Motion was made by Dr. Astruc and seconded by Dr. Sochor and carried unanimously to recommend suspending the driver's license for Vision Case #2

FINAL THOUGHTS

Rebecca expressed concerns that DMV has received a MED 4 for a customer, who upon subsequent testing, is determined to have significantly less vision than initially reported on the Med 4 by the physician. DMV asked for guidance from the board on what action could be taken regarding the accuracy of the documentation submitted by the physician.

Several suggestions were offered including reporting the finding to the Board of Medicine, performing audits and identifying providers whose accuracy is in question. Millicent Ford and Melissa Velazquez stated that DMV would take the information under advisement and discuss the implications of those actions internally.

Dr. Astruc asked the committee to discuss Dr. Wortham's suggestion on a central point for all vision reports. DMV has considered having a vision report *landing zone* i.e. central electronic portal for physicians to submit vision reports. These reports could then be accessed when drivers report to renew their licenses. If all vision reports came to the medical department and had to be reviewed by MRS, the MRS department it would be overwhelming since there are 5.5 million licensed drivers. DMV will explore further.

ADJOURNMENT

The meeting adjourned at 12:25 PM The next board meeting will be held in late 2016 or early 2017.

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ACTION ITEMS – NEW	PERSON RESPONSIBLE	DEADLINE
Update medical policies with recommended changes	Rebecca Parsio	
Draft board recommendations for the commissioner	Rebecca Parsio and Board Members	
Implement the changes to Med 2, Med 4 and DL1P	Rebecca Parsio	
Distribute and review changes with MRS staff	Rebecca Parsio	
Post policies on DMV medical webpage when available	Webservices working with Rebecca Parsio	
Medical Unit processing of case decisions from closed session	Rebecca Parsio/MRS work-unit	
Implement Waiver Standards	Rebecca Parsio/MRS work unit	

Documents referenced in the minutes are available upon request. Please call Rebecca Parsio, RN at (804) 367-4380 or e-mail her at Rebecca.parsio@dmv.virginia.gov.