

Persons with IDDM, who are prevented from driving trucks at this time by legal circumstances, are probably working in other jobs and would not elect to change occupations straightaway. It is likely that a considerable number of years (perhaps a generation) would be needed before the insulin-dependent population free of complications would begin to attain a licensing proportion similar to that of the non-diabetic population (3.8 percent), if it would attain this rate at all.

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RESPONSE TO NOTICE OF PROPOSED RULEMAKING

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Issues Raised in Public Comments to the FHWA'S Notice of Proposed Rulemaking for Qualification of Drivers With Diabetes

A summary of the public comments submitted to the FHWA in response to the Notice of Proposed Rulemaking (NPRM) on the qualification of drivers with insulin-treated diabetes for CMV operation dated October 5, 1990 is provided below. At this time, 125 comments have been recorded into the docket regarding this NPRM. One hundred responses from individuals, medical professionals, government organizations, medical organizations, and representatives of firms/unions in the trucking industry indicated their support for the proposed changes. Twenty-five comments indicated their opposition to the NPRM. These comments were largely submitted by representatives of the trucking and insurance industries and their related agencies. A breakdown of the 125 respondents is shown in the following table.

<u>Source</u>	<u>Number</u>
Individuals	48
Trucking & Busing Firms/Related Unions	21
Academic Physicians	13
Local, State, Federal Government Institutions	9
Medical Agencies/Organizations	8
Industry Agencies/Organizations	8
Individual Doctors	7
Diabetes Educators	6
Lawyers	3
Insurance Companies/Organizations	2

The points of comment brought forth in the responses were categorized as (a) general comments, (b) comments on the prequalifying criteria for obtaining a license, (c) comments on the medical re-evaluation procedure, (d) comments on the operating conditions for diabetic CMV drivers, and (e) comments related to the accident risk of diabetic drivers.

GENERAL COMMENTS

A number of responses were received from individuals with diabetes who are or were driving trucks in some capacity. They and others in favor of the NPRM expressed the view that the current rule governing the licensure of diabetic drivers is discriminatory. Three drivers specifically mentioned that they had either been demoted or failed to gain promotion because of the rule. An owner of a small trucking firm wrote to indicate that the rule placed an undue hardship on his business operation. All were pleased that the FHWA was proposing an evaluation of the issue on an individual-by-individual basis, but several suggested that additional changes to the proposals were needed. These are detailed below.

Comments from sources opposed to the NPRM tended to center around two views: one, that the risks from implementing the proposed changes would outweigh any benefits gained, and second, that the costs of implementing the changes would be prohibitive. Many felt that insulin-using CMV drivers represent a safety hazard to such a level that any change in the current rules would produce a significant increase in CMV accidents. Others expressed the view that the high costs borne from monitoring the compliance of the drivers, increasing insurance liabilities, and increasing legal liabilities would result in a disincentive to hire diabetic drivers.

COMMENTS ON THE PREQUALIFICATION CRITERIA FOR OBTAINING A LICENSE

Comments received concerning the prequalification criteria for licensure of insulin-treated diabetics were diverse. A number of respondents in favor of the NPRM felt that the criteria were too restrictive, while the opinion of those against any rule change was that the criteria were unmeasurable and/or unenforceable.

Specific concerns were raised regarding the requirements for examination or review by a board-certified endocrinologist and the total absence of retinal disease be documented by an eye specialist. Both positive and negative respondents (to the NPRM) felt that the number of board-certified endocrinologists may be too small to make such a requirement feasible, particularly in rural areas. The American Diabetes Association (ADA) suggested that board-eligible endocrinologists might be included as well. Many physicians and the ADA remarked that the reliance upon a total absence of retinal disease for licensure was also too restrictive and unwarranted. The ADA specifically remarked that “retinal disease can be present and have no affect on visual acuity.” The strict wording of this requirement might effectively exclude a great deal of drivers with diabetes, as retinopathy is a very common disorder related to diabetes.

Questions were also raised about the assessment of severe hypoglycemic episodes. Three respondents opposed to the NPRM, including the American Trucking Associations and the Insurance Institute for Highway Safety, felt that there were no assurances that severe hypoglycemic reactions would be reliably measured and documented. There may be, in fact, an incentive for insulin-treated drivers to hide any previous events at their medical exam. The ADA commented that “there is no medical procedure to identify a person who has had a severe hypoglycemic reaction or seizure during the last five years.” However, they also made the broad statement that “determinations regarding eligibility for certification can be made by taking a careful medical history.”

Similarly, a few respondents (both in favor and opposed to the NPRM) were skeptical that the prequalification criteria would be enforceable. Two commenters in favor of the proposed changes felt that the rules presented were too complex to enable reliable monitoring of the program. From the viewpoint of those opposed, an incentive for both doctors and drivers to be non-compliant exists with the procedures as they are. No penalty structure is provided in the NPRM to guard against these possibilities.

COMMENTS ON THE MEDICAL RE-EVALUATION PROCEDURE

There were relatively few comments on the criteria for re-evaluating the drivers after they become licensed. A small number of respondents in favor of the NPRM felt that a medical re-evaluation every six months was unnecessary and burdensome for the majority of drivers. The suggestion to have an examination once every year was brought forward. Those opposed to the NPRM raised the argument that drivers will not be compliant in reporting severe hypoglycemia and accidents to their physicians. An incentive exists for them to hide damaging details from the previous six months because they would lose their jobs. Lastly, one commenter mentioned that no procedures were present in the NPRM for non-diabetic CMV drivers who develop diabetes.

COMMENTS ON THE OPERATING CONDITIONS FOR DIABETIC CMV DRIVERS

Comments on the operational conditions proposed in the NPRM were primarily related to the issue of requiring the driver to return to the same location whence he/she started every day. Most of the respondents in favor of the NPRM expressed the view that this requirement was too restrictive and unrealistic. A few comments suggested that this condition would increase driving time or create an unnecessary deadline that would cause a person to disregard SBGM. More often than not, though, the sentiment was that this condition (and the proposed recordkeeping from the viewpoint of the Teamsters Union) would hinder diabetic drivers. Such a condition would negate the purpose behind allowing diabetics to operate CMVs as it does not fit into the existing realities of the trucking industry. Two comments from trucking firms opposed to the NPRM also thought that the proposed conditions were unrealistically stringent. "There are no routine schedules in truck driving."

COMMENTS ON THE ACCIDENT RISK OF DIABETIC DRIVERS

All comments regarding the accident risk of diabetic drivers were submitted by respondents opposed to the NPRM. The specific concern was that any change in the current rules would result in a significant increase in CMV road accidents. A representative from the Center for Auto Safety wrote to say that "the FHWA cannot demonstrate that even full compliance with its proposed waiver program can secure CMV accident parity between ITDM (insulin-treated diabetes) CMV operators and non-diabetic CMV operators." Underlying that concern was the view of five respondents that the risk for hypoglycemia was too high among ITDM CMV drivers. No medical evaluation system or set of operating conditions would eliminate it or the risk for accidents related to it.

APPLICATION TO THE RISK ASSESSMENT

The comments provided were largely centered on issues regarding the qualification and operating conditions of diabetic drivers. As such, they did not provide any data that could be used in the risk analysis. The focus of the risk assessment, by nature, was on the possible role of hypoglycemia in CMV road accidents. Mention is also made of its implications for the overall accident risk of the ITDM population. Issues regarding severe hypoglycemia were discussed in detail in the analysis.

PERSONAL COMMENTS

Number	Commenter		Additional Comments
17-504	Boyd F. Addy, MD Mandan, ND		comments on previous ruling not on proposed ruling.
17-506	Jeffrey L. Benson Ft. Lee, NJ	Hopes proposals are of good intent and not just giving people false hopes.	Individual with diabetes.
17-509	Ken Eudy Dexter, NM	The efforts of the FHWA to ensure public safety and not discriminate against insulin-dependent diabetica are truly appreciated.	Individual with diabetes. After 20 years of daily insulin never had an episode of hypoglycemia in which he was not able to take action himself. ● Requirlltg someone to return home each day is very idealistic and totally unrealistic ● Legally driven trucks hauling gasoline and diesel for 15 years. With new regulations, will lose. that option.
17-511	Michael H. Goldman, MD, PA Englewood Cliffs, NJ		Personal physician of 17-506 stating that individual has no physical impaittment that should interfere with driving a CMV.
17-512	Larry R. Hulslander Ellensburg, WA		Individual with diabetes and a CMV driver. No traffic violations or accidents. Some aspects of proposed conditions are too stringent.
17-514	Debra Ruth Wolin Roslyn, NY	“It would be utterly unwarranted and unfair to prohibit a person from driving a truck just because he takes insulin.”	Individual with diabetes.
17-515	Donald D. Hollis Pueblo, CO		Individual with diabetes who has transported mobile homes since 1968. Recently terminated because someone in the district office discovered his diabetes. If not reinstated, will face. bankruptcy.
17-517	James McAfee Richmond, VA	In support of change in ruling.	
17-518	Nancy M. Breberg Dawson, MN		Individual with diabetes and a Class “A” license. Will not get a health card. Does not want to give up driving with husband.
17-525	M. Rutledge Daude Austin, TX	In support of ADA petition.	Individual with diabetes.

17-548	Daniel J. Cheater		Individual with diabetes. Cannot advance in job until able to obtain a CMV license..
17-549	Fredric N. MacMillian Austin, TX	In support of ADA petition.	Individual with diabetes.
7-550	Joan D. Rickert, R.N., C.D.E. Mobile, AL	In favor of proposed amendment.	Registered nurse and diabetes educator.
17-551 17-630	Arnold and Marlene Cornellius Cedar Falls, IA		Owner-operator, over-the-road driver with diabetes. "Stress is you work at your profession, building your Business to earn a comfortable living, then losing it, forced to take a much lower paying job, giving up medical insurance because you cannot afford the premiums and look at the possibility of losing your home all within six months."
7-553	Kim Carter, RN, CDE	In favor of proposed amendment.	Registered nurse and diabetes educator.
7-554	Michael B. Culhane W. Redding CT	"It is my hope that those insulin dependent diabetics requiring commercial licenses will continue to be offered the same driving privileges presently available in the State of Connecticut and that they will have the opportunity to participate in the same hassle-free nondiscriminatory approach employed there."	Forty-nine year old male, owner-operator of truck/trailer/hydraulic excavator, specializing in laser guided trench work, Fire Chief and Emergency Medical Technician for a 35-member volunteer fire department providing 24 hour coverage for fire and EMS rescue operations. In the last eight years responded to over 2,000 calls and an insulin-dependent diabetic
7-558	Bradley D. Hepfer Washington Boro. PA	Find guidelines to be fair except education requirement could be more stringent.	Individual with diabetes. Truck driver.
7-563	P. Goldstein Wantagh, NY		Individual with diabetes. Driver of a newspaper delivery truck for 21 years.
17-564	William Johnson Frederick, MD	Supports ADA petition.	Individual with diabetes. Track driver for 23 years.
7-566	Jo An Burgin Chicago, IL		Response to an editorial on proposed regulations.
7-567 7-568 7-575 7-579	John Nortin Richard E. Clapper Bobby D. Kidd Edward Elder	Agree with change except for returning home.	

17-572	Dean Andrew Lyle St. Paul, MN	Supports policy change to evaluate applications on a case-by-case basis.	Individual with diabetes.
17-574	Darrin L. Wells Maskagoe, OK	Believe drivers should be evaluated on an individual basis.	Individual with diabetes. Intrastate driver.
17-576	Jack Harris Stacy MN	In support of change.	
17-577	P. Bunyea	Lift restrictions on truckers.	
17-580	James E. Mead Durango, CO	Urge that ban be lifted on diabetic drivers.	Individual with diabetes.
17-582	Janet S. Akins	Support change to allow insulin-dependent diabetic drivers to operate.	Nurses aide. Father and 13-year-old step-son have diabetes. Married to a truck driver with other friends and relatives who drive trucks. Disagrees with return each night to the starting point of each trip.
17-589	Harold J. Dolato West Bend, WI	Urge change in rules to review each individual on a case-by-case basis.	Brother-in-law and daughter have diabetes.
17-590	Daila Knoll Catskill, NY	Change to a case-by-case evaluation.	Six-year-old son has diabetes.
17-591	Danny R. Moore Seattle, WA	Please amend 49 CFTR 391.41 (b) (3) and 391.43 (c).	Individual with diabetes.
17-592	Patricia A. Moore Seattle, WA	The ability of a diabetic to drive a CMV be judged on a case-by-case basis.	Husband has diabetes
17-593	Patrick H. Richards Baldwin, WI	Law should be changed.	Individual with diabetes.
17-594	Ernestine Kilpatrick Kilpatrick Farm Products Walton, NY	FHWA in making a change in the rules should also consider giving the specialist the authority to make a case by case decision.	Runs a small trucking business. Son has diabetes and drives a truck for the family business.
17-596	Fred M. Schneider Newbury, OH	In support of the DOT proposal.	Owner of Schneider Pallet Repair. Son who does the truck for the company has diabetes.
17-600 17-620	Fernando C Moraga Tucson AZ		Individual with diabetes. Cannot get promotion with substantial pay increase because a CMV license is required.
17-602 17-622 17-632	James Bolton Tonawanda, NY	Supports change in law with exception of returning home and only have to be reevaluated annually.	Individual with diabetes. Truck driver.

17-610	Diane Rodgers Wonder Lake, IL	In support of ruling change.	Husband is trucker. Relatives and friends with diabetes.
17-611	Donita Hartsfield	Wants changes to be passed.	Individual with diabetes. "It has been my dream to drive a truck, but have not been allowed to because of my health."
17-619	Roy C Smith Roswell, NM		Has diabetes. Father had diabetes. Disagrees with ADA that blood test be done every 4 hours.
17-625	Patricia A Jones Bettville, OH	Supports change of ruling except for returning each night to the starting point of each trip.	Individual with diabetes.
17-628	Bill Heavener New Providence, PA		Individual with diabetes. Truck driver.
17-629	D. King	Present rule needs to be changed.	Individual with diabetes. Has driven trucks in 48 states and Canada with no problems.
17-633	Roger R. Reed Central, IN		Individual with diabetes. Farmer and truck driver.

POSITIVE COMMENTS

Positive Comment

7-501	Charles E. Bradford President, International Association of Machinists Washington, D.C		*"We fail to see that a requirement that operators of CMVs return home each night would improve the safety record of the operators or protect the general public " *These rules are inconsistent with the congressional intent of the newly enacted American Disabilities Act.
7-502	B. J. Cline, R.N. Certified Diabetes Educator Methodist Hospitals of Memphis Memphis, TN	'I feel that there are many diabetics who are using insulin who are perfectly qualified to drive in interstate commerce, and deserve to be exempted from the current regulations.'	
17-505	J. A. Van Drunen General Manager Pals Cartage Calumet City, IL	Totally unfair to refuse to qualify all diabetics.	● Unwise to ignore problems diabetes can cause and qualify all diabetics.
17-507	David S. Wilcox, M.D. State of Connecticut Dept. of Motor Vehicles Wethersfield, CT		"The American Diabetes Association, Connecticut Affiliate, and the Medical Advisory Board of the Department of Motor Vehicles, would like to endorse the FHWA revision of its driver qualification requirements to allow certain insulin-using diabetics to operate commercial motor vehicles in interstate commerce."
7-516	Kimberly Best Legislative Director Congress of the United States Washington, D.C.	Not all diabetics are alike and diabetes need not necessarily be considered a disease to disqualify someone from anything, including driving a commercial vehicle.	*If diabetics are "unsafe" drivers, then they shouldn't be driving any vehicle.
17-523	Jamie Lawson, R.N. Diabetes Educator Bethany Medical Center Kansas City, KS	Current rule very discriminatory.	
17-524	Lavem Gibson Lavem Gibson Service Co., Inc Henderson, TX	Two drivers in company using insulin and neither has experienced any problems.	*Present rule will have impact on unemployment and continued hardship on drivers and employers.

7-526	Jimmy Hayes House of Representatives Washington, DC.	Present ruling discriminatory	*Well acquainted with diabetes and find no valid reason for enforcement of current regulation.
7-537 7-539	David C Christiani M.D., M.P.H. Associate Professor Karl T. Kelsey, M.D., M.O.H. Assistant Professor Jesse W. Cheng, M.D. Occupational Med. Harvard School of Public Health Boston, MA		*The requirement that diabetics who drive CMVs for the Department of Transportation be evaluated by a board-certified endocrinologist is neither medically beneficial nor cost justifiable to the employee, industry, or specialist.
7-540 .7-541	John Legler Deputy Director Safety/Risk Management Cynthia Hilton Manager Hazardous Waste Programs National Solid Wastes Management Association Washington, D.C.	Supports the overall intent of the rule.	*Suggests the proposed six month medical review be waived if the medical history indicates no change has occurred in the treatment plan over the previous three years.
7-542	John M. Tudor, Jr., M.D., Chairman AAFP Board of Directors The American Academy of Family Physicians Washington, D.C.	Because of advancements in diabetic care, we concur with the proposed rule, which would allow an otherwise qualified insulin-using diabetic who has had no severe hypoglycemic reaction resulting in loss of consciousness or seizure during the last five years to be found qualified to operate a CMV under certain medical and operational conditions.	*We question whether the proposed requirements for consultation with a board-certified endocrinologist can achieve its stated goal of determining whether the applicant's diabetes will adversely affect the ability to safely operate a CMV. This may better be judged by an applicant's personal physician.
.7-544	Charles E. Lutton, M.D., Ph.D. Medical Director New England Power service Westborough, MA		The requirement that diabetic who drive CMV for the Department of Transportation be evaluated by a board-certified endocrinologist is neither medically beneficial nor cost justifiable to the employee, industry, or specialist.

17-545 17-547	Wm. MacMillian Rodney, M.D. Professor and Chair J.M. Worthington, M.D. Associate Professor and Vice Chair R. Kirkpatrick, M.D. Assistant Professor The University of Tennessee Memphis Memphis, TN		*We strong object the language requiring "consultation with board- certified endocrinologist." *We believe this language unfairly restricts the righu of family physicians to declare insulin-using diabetic fit for the operation of CMVs in interstate commerce.
17-552	Marita Mc Sherry Sension, RN, MS, CDE BroMenn Healthcare Brokaw Hospital Normal, IL		● Overly restrictive to require an individual to return to home base at the end of each day.
17-555	George B. Irish Publisher San Antonio Light San Antonio, TX	The blanket prohibition against insulin-using diabetics driving CMVs in interstate commerce should be revised.	*Many diabetics are in my employment and I find that their productivity and reliability is no different than those employees not afflicted with this disease.
17-556	W. Marshall Rickert Administrator Maryland Department of Transportation Glen Burnie, MD	The Maryland Motor Vehicle Administration supports the proposed regulation with one exception, that part which requires a board-certified endocrinologist.	*There are only 131 board-certified endocrinologists in Maryland. When cross referenced with membership in the ADA. only nine names appear who show an interest in managing diabetes.
17-559	Nina Clark, RN, BSN Certified Diabetes Educator Pensacola, FL	Writing to support the amendment	
17-560	Benjamin R. Wolman Wolman & Lucchi Upper Marlboro, MD	Strongly recommend adoption of new regulations	
17-561	Marilyn Powitzky Program Director Baptist Health Care Pensacola, FL	"I am in-favor of this amendment and hope its approval Is obtained."	*The new amendment is too restrictive in some areas.
17-562	George P. Farringer Paralegal/Notary Greensboro, NC	-I strongly urge you to change this unfair, discriminatory rule.	

17-565	William Landers Operations Manager Nationwide Moving & Storage Co., Inc. Bloomfield, CT	"We strongly urge and support the proposed change in the regulation concerning drivers qualifications in regards to diabetes."	
17-569	Chris Brooks First Source, Inc. Owings Mills, MD	"I strongly support a revision that would allow insulin-using diabetic to operate a commercial motor vehicle in interstate commerce."	*Attempting to return home to satisfy the requirement would drastically increase the amount of driving. ● Thi requirement establishes a deadline that may cause a person to be. less likely to eat properly or monitor blood glucose properly.
17-570	Richard M. Flynn Commissioner Dept. of Safety Concord, NH	The New Hampshire Department of Safety supports allowing certain insulin-using diabetics to operate CMVs in interstate commerce.	*Appears that the proposed rule contains sufficient safeguards to ensure the protection of all users of our highways.
17-573	Eugene H. Kremmer, III, M.D. President American College of Occupational Medicine Arlington Heights, IL		ewe recommend that language be added to "minimize rotating shifts and that when unavoidable the rotation changes be limited to no more than one each month.'
17-578	Angela Neville Office Manager Conway Transportation, Inc. Cincinnati, OH	Any insulin-dependent diabetic who has good control, meets these requirements, and has no other diabetic complications should be allowed to operate a truck.	
17-581	Hubert Drouin Director, Public & Corporate Affairs Canadian Diabetes Association Ottawa, Ontario	We are encouraged at the direction in which the FHWA is heading, namely towards individual assessment of medical qualification.	*We are concerned that the FHWA still appears to place reliance upon accident studies which we understand to be unreliable and/or out of date. *We are concerned that the FHWA appears to rely on "anecdotal information" in restricting the commercial driving opportunities of persons with diabetes. *We believe that daily routine can b achieved without returning home each day. This requirement is unnecessary and unduly restrictive. *We believe the restriction on carrying passengers and hazardous materials to be without foundation.

17-584	Edward P. Good Attorney at Law Detroit, MI	“It seems just and logical to open opportunity to pursue careers in motor transport to diabetics who are or can become otherwise qualified for them.”	
7-588	Christopher D. Saudek, M.D. Director The Johns Hopkins Diabetes Center Baltimore, MD	“The proposed changes are exceedingly important in reaching our goal of promoting highway safety while protecting the rights of qualified drivers.”	<p>Disagree with:</p> <ul style="list-style-type: none"> *mild hypoglycemia can be a safety hazard *reagent strips not requiring the use of a reflectance meter provide a technique of self-monitoring of blood glucose similar in performance to those using reflectance meters. <ul style="list-style-type: none"> ● exclusion of insulin-taking diabetic drivers from driving all CMVs requiring placarding. *requirement to return to a driver's normal reporting location at the end of each work day. *the requirement of evaluation by a "board-certified endocrinologist." <ul style="list-style-type: none"> ● the statement that “absence of retinal disease” is a necessary requirement. ● the requirement for stress testing all persons over 40, unless such testing is indicated for other causes. *the requirement for a driver to obtain all his/her medical records for an indefinite period. <ul style="list-style-type: none"> ● the exclusion that any detectable peripheral neuropathy should be disqualifying. <p>Agree with:</p> <ul style="list-style-type: none"> ● exclusion of drivers of passenger vehicles. ● requirement that the driver test blood glucose prior to and regularly during driving.
7-599	Fred W. Whitehouse, M.D., Head Division of Endo/Metabolism Henry Ford Hospital Detroit, MI	Fully support the ADA position on revisions to the medical qualification standards for CMV operators.	<ul style="list-style-type: none"> ● support examination by a board-certified endocrinologist.
7-601	Statement of Railway Labor Executives' Association	The RLEA welcomes the opportunity presented by the FHWA to correct a long standing discrimination against diabetics in the transportation industry.	

17-603	Philip E Cryer, M.D. Washhtgton University School of Medicine St. Louis, MO	I support the concept of case-by-case determination of the suitability of an individual with insulin-treated diabetes for performance of critical tasks including operation of a commercial vehicle.	
17-604	Collier, Shannon % & Scott Attorneys-at-Law Washington, D.C on behalf of Owner-Operator Independent Driven Awl.. Inc	Ooida supports the proposal to make the diabetes standard more like the standards now used in determining whether persons with established medical histories or clinical diagnoses of cardiovascular disease, respiratory dysfunction, high blood pressure, or rheumatic arthritic or vascular diseases are qualified to drive a CMV.	*If an insulin-dependent diabetic can meet all of the FHWA's other requirements, requiring that he or she start and end at one location each day would render the other changes meaningless for the majority of diabetics who seek to become CMV drivers.
17-605 17417	Kenneth E. Quickel. Jr., M.D., President Joslin Diabetes Center Boston, MA		*"Any requirements which do not assist in evaluation of hypoglycemia risk (such as procedures to identify diseases of the eye, heart, nervous system etc) will render the rules unnecessarily complex, potentially duplicative and very difficult to administer."
17-606	James S. Todd, M.D. Executive Vice President, AMA Chicago, IL	The AMA supports the FHWA's intent to eliminate the current blanket prohibition against insulin-using diabetics driving in interstate commerce.	*Primary concern is the ability of the federal government to monitor the application of the requirements.

7-607	Vernon McDougall, Acting Director Safety and Health Department International Brotherhood of Teamsters Washington, D.C	Strongly support the general thrust of this rulemaking, believe that FHWA is taking a more restrictive approach to individual qualification that is warranted by safety concerns related to the possibility of insulin-related episodes.	<p>*every unnecessary restriction, medical test or recordkeeping requirement will have the practical effect of reducing diabetic drivers' access to the individualized consideration that this rulemaking promises.</p> <ul style="list-style-type: none"> ● concerned that combination the of proposed medical restrictions, restriction against driving placarded hazardous material and requirement to return to one's home base each day will set requirements so rigid that very few will be able to qualify. ● 'flte FHWA should focus squarely on the issue of insulin use, and on the safety risks associated directly with insulin use. <p>*"While diabetes is a risk factor for other medical conditions of concern to FHWA, the safety risk from these other conditions can be addressed most effectively--and equitably-in the other parts of 391.41(b)."</p>
17-608	Edward S. Horton, M.D. President American Diabetes Association Alexandria, VA	ADA supports FHWA's efforts to revise its driver qualification requirements.	<p>*Determinations regarding eligibility for certification can be made by taking a careful medical history.</p> <ul style="list-style-type: none"> ● There is no medical procedure to identify a person who has had a severe hypoglycemic reaction or seizure during the last five years. <p>*Requiring a driver to return to the driver's normal work reporting location each work day is unnecessary with no scientific basis.</p> <p>*should consider "board-eligible" instead of "board-certified" endocrinologist.</p> <ul style="list-style-type: none"> ● Ophthalmological confirmation of absence of retinal disease is too restrictive. Retinal disease can be present and have no affect on visual acuity. ● Recertification should require annual reevaluation by an endocrinologist.