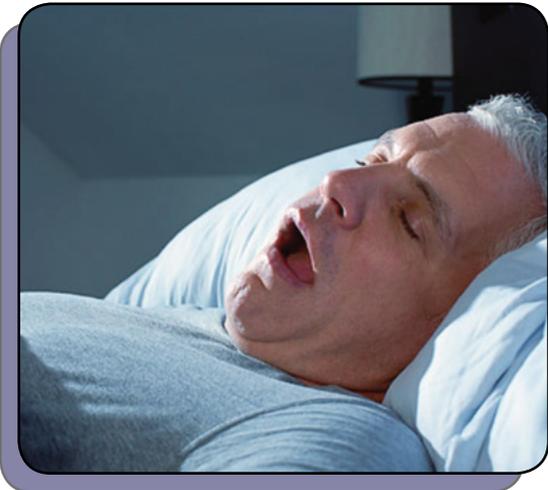


SLEEP APNEA AND MEDICAL CARDS

Safety in the trucking industry is about equipment, commitment and company culture. But most importantly, safety starts with the professional truck driver whose fitness and subsequent judgment make the biggest difference in crash prevention and overall highway safety.

Recently, more is being made about not only the number of hours a driver rests, but also the quality of the sleep they get. At a recent MMTA Safety Management Council meeting, the issue of sleep apnea was on the agenda which brought about quite a bit of discussion around the table. The result; there are no easy answers.



We know there is no formal rule clearly delineating when a driver must obtain therapies for sleep apnea in order to get or keep their medical certificate. The FMCSA regulations clearly give the Certified Medical Examiners (CME's) the authority to insist upon treatments if, in their judgment, sleep apnea is a concern. The problem with this is that different CME's can use different judgment and some might use their own subjective variables to determine which drivers need to be considered for treatment.

To make things worse, there are stories from other states where their CME's have received formal training on neck circumference, BMI and blood pressure thresholds with the distinct impression that drivers exceeding certain markers are required to get treatment before they can be given a medical card. Trucking groups in other

states, sometimes with help from the ATA, have worked with CME's and the appropriate government agencies to clarify the fact that there are no current rules governing sleep apnea.

So what does a driver do if they can't get a medical card due to a suspected sleep apnea problem? Typically, the CME (or their Primary Care Physician) will order a sleep study and most times this is ordered through a sleep clinic. (Editor's note: be careful, we are also hearing from other states that there are unscrupulous doctors who have made financial arrangements with sleep clinics which incentivizes them to send more drivers for sleep tests.)

An option that is being developed is in-home sleep studies. If a CME/PCP orders a sleep study, the driver can ask for it to be done at their house and in the comfort of their own bed. The theory behind this service is that one of the biggest detracting factors against doing a sleep study in a sleep lab is that usually people don't sleep as well away from home in a clinical setting and that you are much more likely to get into proper sleep cycles when sleeping in your own bed in familiar surroundings. In-home sleep studies can be quite a bit cheaper and more effective and we encourage drivers to explore this option if the need arises.

There are still a lot of questions to be answered about the topic of sleep apnea and treating professional truck drivers. Who pays the cost of the study, the CPAP and the supplies? What happens if a CME finds a driver who has been prescribed a CPAP machine isn't using it enough? Will the CME accept the in-home sleep study? (A large member carrier who has implemented in-home sleep studies compared a small sampling of drivers who disagreed with the in-home findings to their results at a sleep lab and they were the same.) What happens if the in-home study finds severe sleep apnea?

These answers will become clear in time but as MMTA members know, the impact this issue can have on highway safety is something to take seriously.