



Medical Advisory Boards Ensure Drivers Stay on the Road Safely

Overview

In Wyoming, the goal is to keep people driving as long as it is safely possible to do so. Medical testing is related to driving skills and not to age. Wyoming is one of only 14 states with no Medical Advisory Board (MAB). An MAB is comprised of medical professionals that provide advice to Driver Services medical review department staff regarding a person's fitness to drive. A Medical Advisory Board would enable staff to gain input from certified medical professionals on how medical conditions impact individuals' ability to drive safely.

Problem/Issue

The Wyoming Department of Transportation's Driver Services division conducts re-examinations of individuals referred by law enforcement, medical and vision specialists, therapists, the courts and concerned family members. Examiners in every Driver Service's office are trained to evaluate a person's driving fitness; first by observation, second by reviewing medical and vision evaluations, and third by conducting a re-examination. In Wyoming, when a medical report is submitted by a doctor to WYDOT Driver Services, it is reviewed by driver services staff who are not medical professionals. While staff may contact the doctor who submitted a report to request further clarification, doctors are not legally required to respond to Driver Services requests for health information.

When an unfamiliar medical condition arises, the only recourse is for the examiner to take the person out for a road test to assess their ability to drive safely. This can put the person and the examiner in a dangerous situation. Conversely, some medical conditions may be minor and have little or no impact on safe driving ability and reexamination may not be necessary. The medical review process would be greatly improved if a Medical Advisory Board comprised of medically certified professionals were in place to help evaluate a person's fitness to drive.

Understanding the Strategy

According to the AAA and a study published by the National Highway Traffic Safety Administration, it is recommended that each state driver licensing agency create a Medical Advisory Board. AAA recommends roles and responsibilities of a Medical Advisory Board include the following:

1. The Board should be comprised of physicians and other health-care professionals. These include, but are not limited to, occupational therapists, nurses, gerontologists and physicians – especially ophthalmologists, neurologists, geriatricians, psychiatrists, cardiologists, endocrinologists and primary care providers such as internal and family medicine doctors. In addition, because of the policy advisory role of medical advisory boards, it's advisable to include stakeholders representing aging, motoring, disability and other relevant communities.

2. Members of the Medical Advisory Board should meet in person or by teleconference or videoconference for discussions on the state's medical review program.
3. The Board should review cases to assist divisions of motor vehicles in making an initial determination of fitness to drive for individuals who come to the attention of the medical review department as being potentially at risk – especially complex cases where administrative review is insufficient.
4. The medical advisory board should have authority to recommend customized/restricted licenses to allow driving privileges under safe conditions – i.e., daytime, speed-restricted or area-restricted – when possible, instead of merely revoking licenses altogether.
5. The board should have the authority to recommend periodic medical re-examinations and/or road tests of drivers as needed to ensure those with progressive medical conditions are able to continue driving safely.
6. Physicians and other Medical Advisory Board professionals who review cases should be financially compensated, rather than serve on a volunteer basis. Medical personnel can be paid as consultants and compensated according to accepted hourly rates for the profession.
7. Board members should be immune from liability from individuals for whom they make licensing recommendations, and all health-care professionals who report drivers in good faith should be immune from liability from their patients.
8. Individual Board members should be able to review cases and make licensing recommendations without a consensus by a panel of board members (requiring a panel for all cases is less efficient and more costly). A panel of board members can be utilized for more complex cases as needed.
9. The Board should develop medical guidelines for licensing within the state.

It is recommended that first-time DUI offenders undergo review by a Medical Advisory Board for an assessment of chemical dependency and fitness to drive (as opposed to having their cases disposed of through administrative action only or waiting for multiple DUI offenses to trigger medical review) based on statistics indicating that

- they have driven under the influence at least 200 times before their first legal pickup;
- 80-85 percent of such first-time offenders have an alcohol dependency problem; and
- 1 out of 3 first time offenders will recidivate.

How This Strategy Addresses the Problem

A Medical Advisory Board would provide needed medical guidance on the impacts of various conditions on driving skills. Such a resource could prevent the risk of driving examiners taking individuals out for road tests when they have medical conditions that negatively impact their ability to drive safely. A Medical Advisory Board can prevent unnecessary reexaminations. A Medical Advisory Board would also help assess DUI offenders for dependency.

Conclusion

Wyoming should establish a Medical Advisory Board to help evaluate individuals' ability to drive safely.

Resource:

- *Strategies for Medical Advisory Boards and Licensing Agencies*, National Highway Traffic Safety Administration, DOT HS 809 874, July 2005.