

**Department of Transportation
Office of the Chief Information Officer**

**Supporting Statement
Medical Qualification Requirements**

SUMMARY

- This is a request for a revision due to the *Qualifications of Drivers; Vision Standard* proposed rule (86 FR 2344, January 12, 2021) in order to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both in 49 CFR 391.41(b)(10) in one eye to be physically qualified to operate a CMV in interstate commerce under specified conditions.
- There is an annual burden hour increase of 482 hours due to the NPRM and a decrease of 2,236 annual burden hours due to eliminating the Vision Exemption Program, results in a proposed net decrease of 1,754 burden hours. Please see section 12 for details on the proposed changes.
- There are 7 information collections described in detail:
 - IC-1: Physical Qualification Standards;
 - IC-2: Resolution of Medical Conflict;
 - IC-3: Medical Exemptions;
 - IC-4: Skill Performance Evaluation Certificate;
 - IC-5: National Registry of Certified Medical Examiners;
 - IC-6: Medical Examiner's Certification Integration Final Rule; and
 - IC-7: Qualifications of Drivers; Diabetes Standard.
 - IC-8: Qualifications of Drivers: Vision Standard

INTRODUCTION

This is to request the Office of Management and Budget's (OMB) approval for the revision of the Information Collection Request (ICR) titled *Medical Qualification Requirements*, covered by OMB Control Number 2126-0006, which is currently due to expire on November 30, 2021. This revision is due to the Federal Motor Carrier Safety Administration's (FMCSA) development of a notice of proposed rulemaking (NPRM) titled *Qualifications of Drivers; Vision Standard* (86 FR 2344, January 12, 2021). It is also being submitted to provide updated driver population, program statistics, National Registry statistics, and wage data to the currently approved information collection and to reflect regulatory changes.

The purpose of the *Qualifications of Drivers; Vision Standard* proposed rule is to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both in 49 CFR 391.41(b)(10) in one eye to be physically qualified to operate a commercial motor vehicle (CMV) in interstate commerce under specified conditions. Currently,

such individuals are prohibited from driving CMVs in interstate commerce unless they obtain an exemption from FMCSA.

The Agency is proposing an alternative vision standard and a two-step process for physical qualification. First, an individual seeking physical qualification would obtain a vision evaluation from an ophthalmologist or optometrist who would record the findings and provide specific medical opinions on the proposed Vision Evaluation Report, Form MCSA-5871. Next, at a physical qualification examination, a certified medical examiner (ME) would consider the information provided on the vision report and exercise independent medical judgment to determine whether the individual meets the proposed vision standard, as well as FMCSA's other physical qualification standards. If the ME determines that the individual meets the physical qualification standards, the ME could issue a Medical Examiner's Certificate (MEC), Form MCSA-5876, for a maximum of 12 months.

The proposed rule would eliminate the need for the Federal Vision Exemption Program and, therefore, the related information collection. The Agency proposes to add a new information collection requirement for an ophthalmologist or optometrist to complete a Vision Evaluation Report, Form MCSA-5871, that would be provided to the certified ME. The addition of this requirement would add 482 annual burden hours and \$39,717 annual salary costs. However, eliminating the Vision Exemption Program information collection results in 2,236 less annual burden hours and \$69,136 less annual salary costs. Therefore, the vision standard as provided in the proposed rule would provide a total decrease of 1,754 in annual burden hours and \$29,419 in salary costs.

Part A. Justification

1. CIRCUMSTANCES THAT MAKE THE COLLECTION OF INFORMATION NECESSARY

The Federal Motor Carrier Safety Regulations (FMCSRs) require that CMV operators meet certain physical qualification standards to ensure these individuals are physically capable of operating large trucks and buses safely on the Nation's public roadways. CMVs (trucks and buses) are longer, heavier, and more difficult to maneuver than automobiles. Not only does it take a skilled driver to operate them safely, it takes a physically qualified driver to do so as well. Information used to determine and certify driver medical fitness must be collected in order for our highways to be safe. FMCSA is the Federal government agency authorized to require the collection of this information. FMCSA is required by statute to establish standards for the physical qualifications of drivers who operate CMVs in interstate commerce for non-excepted industries (49 U.S.C. 31136(a)(3) and 31502(b)). The regulations discussing this collection are outlined in the FMCSRs at 49 CFR parts 390-399.

IC-1: Physical Qualification Standards

The FMCSRs at 49 CFR 391.41 set forth the physical qualification standards interstate CMV drivers who are subject to part 391 must meet, with the exception of commercial driver's license/commercial learner's permit (CDL/CLP) drivers transporting migrant workers (who must

meet the physical qualification standards set forth in 49 CFR 398.3). The FMCSRs covering driver physical qualification records are found at 49 CFR 391.43, which specifies that a medical examination be performed on CMV drivers subject to part 391 who operate in interstate commerce. The results of the examination must be recorded in accordance with the requirements set forth in that section. The current provisions of 49 CFR 391.51 and 398.3 require that a motor carrier retain the MEC in the driver qualification (DQ) file for 3 years. The MEC, Form MCSA-5876, affirms that the driver has been examined and determined to be physically qualified to drive a CMV in interstate commerce.

IC-2: Resolution of Medical Conflict

If two MEs disagree about the medical certification of a driver, the requirements set forth in 49 CFR 391.47 mandate that the applicant (driver or motor carrier) submit a copy of a report including results of all medical testing and the opinion of an impartial medical specialist in the field in which the medical conflict arose. The specialist should be one agreed to by the motor carrier and the driver. The purpose of the specialist is to provide a medical opinion regarding the driver's qualification status that can be mutually agreed upon by the driver and the motor carrier. If there is disagreement regarding the medical specialist's opinion by either party, 49 CFR 391.47 provides the procedure for submitting an application to FMCSA for resolution of the medical conflict.

IC-3: Medical Exemptions

Under 49 U.S.C. 31136(e) and 31315(b), FMCSA may, on a case-by-case basis, grant a medical exemption from a physical qualification standard set forth in 49 CFR 391.41, if the Agency determines the exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved by complying with the regulation. Without an exemption, individuals who do not meet the requirements in 49 CFR 391.41 would not be qualified to operate a CMV in interstate commerce. The Agency currently has one established exemption program, which is the Vision Exemption Program. This exemption program outlines specific criteria that applicants should meet prior to approval of an exemption from the vision standard set forth in 49 CFR 391.41. Although not established programs, due to numerous requests, in 2013, the Agency began granting exemptions from the Agency's hearing standard for interstate drivers and the regulatory requirement that interstate CMV drivers have "no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a [CMV]" (49 CFR 391.41(b)(8)). The procedures that persons must follow to request exemptions from the FMCSRs are set forth in 49 CFR 381.310.

IC-3a: Vision Exemptions

In July 1992, the Agency first published the criteria for the Vision Waiver Program, which listed the conditions and reporting standards that CMV drivers approved for participation would need to meet (*Qualification of Drivers; Vision Waivers*, 57 FR 31458, July 16, 1992). The current Vision Exemption Program was established in 1998 (63 FR 67600, December 8, 1998), following the enactment of amendments to the statutes governing exemptions made by section 4007 of the Transportation Equity Act for the 21st Century (TEA-21), Public Law 105-178, 112 Stat. 107, 401 (June 9, 1998).

Applications are now handled in accordance with 49 CFR part 381, subpart C. Individuals may apply for an exemption from the physical qualification standards specified under 49 CFR 391.41(b) (see 49 CFR 381.300(c)). Although FMCSA may grant an exemption for up to a 5-year period, FMCSA grants medical exemptions from the FMCSRs for a 2-year period to align with the maximum duration of a driver's medical certification. Vision exemptions are considered on a case-by-case basis upon application by CMV drivers who do not meet either the distant visual acuity or field of vision standard or both of 49 CFR 391.41(b)(10) in one eye. The Agency provided an example format or template on its website that outlines all the information and documents the applicant should submit to be considered for an exemption.

On December 18, 2013, FMCSA published a notice and request for comments, titled *Physical Qualification of Drivers; Standards; Changes to Vision Exemption Program Criteria* (78 FR 76590), proposing to change the eligibility criteria for the Agency's Vision Exemption Program. The Agency determined that the proposed changes in the eligibility criteria and conditions for the Vision Exemption Program would continue to ensure a level of safety that is equivalent to, or greater than, the level of safety maintained under the existing criteria. However, one of the Agency's purposes for publishing this notice was to acquire feedback from all interested persons to ensure that the Agency had all the information necessary to make a sound decision when making changes to the Vision Exemption Program criteria. After receiving comments on the proposed changes, the Agency elected not take action to revise the Vision Exemption Program criteria at that time.

This exemption program would be eliminated if the *Qualifications of Drivers; Vision Standard* proposed rule is finalized.

IC-3b: Hearing Exemptions

On February 1, 2013, FMCSA announced in a notice of final disposition, titled *Qualification of Drivers; Application for Exemptions; National Association of the Deaf* (78 FR 7479), its decision to grant requests from 40 individuals for exemptions from the Agency's physical qualification standard concerning hearing for interstate CMV drivers. After notice and opportunity for public comment, the Agency concluded that granting exemptions for these CMV drivers provided a level of safety that was equivalent to or greater than the level of safety maintained without the exemptions. FMCSA granted exemptions that allowed these 40 individuals to operate CMVs in interstate commerce for a 2-year period. Since the February 1, 2013, notice, the Agency has published additional notices granting requests from individuals for exemptions from the Agency's hearing standard for interstate CMV drivers. As requests for hearing exemptions are received, the Agency continues to follow the same process in determining whether granting exemptions for these CMV drivers will provide a level of safety that is equivalent to or greater than the level of safety maintained without the exemptions. The exemptions preempt State laws and regulations and may be renewed.

IC-3c: Seizure Exemptions

On January 15, 2013, FMCSA announced in a notice of final disposition, titled *Qualification of Drivers; Exemption Applications; Epilepsy and Seizure Disorders* (78 FR 3069), its decision to grant requests from 22 individuals for exemptions from the regulatory requirement that interstate CMV drivers have “no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a [CMV]” (49 CFR 391.41(b)(8)). After notice and opportunity for public comment, the Agency concluded that granting exemptions for these CMV drivers provided a level of safety that was equivalent to or greater than the level of safety maintained without the exemptions. FMCSA granted exemptions that allowed these 22 individuals to operate CMVs in interstate commerce for a 2-year period. Since the January 15, 2013, notice, the Agency has published additional notices granting individuals exemptions from the regulatory requirement that interstate CMV drivers have “no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a [CMV]” (49 CFR 391.41(b)(8)). As requests for seizure exemptions are received, the Agency continues to follow the same process in determining whether granting exemptions for these CMV drivers will provide a level of safety that is equivalent to or greater than the level of safety maintained without the exemptions. The exemptions preempt State laws and regulations and may be renewed.

IC-4: Skill Performance Evaluation (SPE) Certificate Program

Individuals who are not physically qualified to drive under 49 CFR 391.41 due to a limb impairment must file an application and be issued an SPE certificate in order to be physically qualified. This is specified in 49 CFR 391.49. The application must be submitted to the appropriate FMCSA Service Center in which the driver has legal residence. If the application is submitted jointly by the driver who seeks the SPE certificate and by the motor carrier who will employ the driver applicant, the application must be submitted to the FMCSA Service Center closest to where the motor carrier’s principal place of business is located. If the SPE certificate is issued, the motor carrier must retain a copy of it in the DQ file for 3 years after the driver’s employment is terminated. The SPE certificate is valid for 2 years (unless otherwise specified) and may be renewed.

IC-5: National Registry of Certified Medical Examiners (National Registry)

On April 20, 2012, FMCSA published a final rule titled *National Registry of Certified Medical Examiners* (77 FR 24104). The final rule amended the FMCSRs to require MEs that conduct medical examinations for interstate CMV drivers to complete training concerning FMCSA physical qualification standards, pass a certification test, and maintain competence through periodic training and testing. ME candidates submit demographic and eligibility data in order to register with the National Registry and begin the certification process. ME candidates must pass a certification test administered by an FMCSA-approved testing organization that verifies eligibility and forwards test results to the National Registry. The amended regulations require MEs to transmit the results of each completed CMV driver medical examination monthly to the National Registry. As discussed below, this requirement has changed to reporting by midnight (local time) of the next calendar day following the examination as part of the *Medical*

Examiner's Certification Integration final rule but continues to be covered by IC-5. The amended regulations also require MEs to provide copies of Medical Examination Report (MER) Forms and MECs to authorized representatives or agents of FMCSA or authorized State or local enforcement agency representatives upon request. Employers are required to verify the National Registry number of the ME for each driver examined by a certified ME listed on the National Registry and place a note regarding verification in the DQ file.

IC-6: Medical Examiner's Certification Integration Final Rule

On April 23, 2015, FMCSA published a final rule, titled *Medical Examiner's Certification Integration* (80 FR 22790), with a compliance date of June 22, 2018, as a follow-on rule to the National Registry final rule and the *Medical Certification Requirements as Part of the CDL* final rule. The purpose of the principal requirements established in the *Medical Examiner's Certification Integration* final rule was to modify the requirements adopted in these two previous rules.

As the *Medical Examiner's Certification Integration* final rule compliance date approached, FMCSA concluded that the information technology infrastructure necessary to implement the portions of the final rule that required the electronic transmission of data would not be available on June 22, 2018. Accordingly, on June 21, 2018, FMCSA published a notice (83 FR 28774) extending the compliance date for several of the provisions in the *Medical Examiner's Certification Integration* final rule to June 22, 2021 (80 FR 22790). The discussion below explains which provisions were impacted. Because the *Medical Examiner's Certification Integration* final rule amended existing regulatory requirements, the associated paperwork burden for some provisions is accounted for in the original information collection. The discussion below also lists the information collection where the burden is included.

As a result of the *Medical Examiner's Certification Integration* final rule, the FMCSRs were amended to require:

1. Certified MEs performing medical examinations on CMV drivers to use a newly developed MER Form, MCSA-5875, in place of the then current MER Form. This requirement was effective on June 22, 2015, and is covered in IC-1.
2. Certified MEs to use Form MCSA-5876 for the MEC. This requirement was effective on June 22, 2015, and is covered in IC-1.
3. Certified MEs to report results of all completed CMV drivers' medical examinations (including the results of examinations where the driver was found not to be qualified) to FMCSA by midnight (local time) of the next calendar day following the examination. The reporting of results includes all CMV drivers (CDL/CLP and non-CDL/CLP) who are required to be medically certified to operate in interstate commerce and allows, but does not require, MEs to transmit any information about examinations performed in accordance with the FMCSRs with any applicable State variances, which will be valid for intrastate operations only. This requirement was effective on June 22, 2018, and is covered in IC-5.
4. Beginning on June 22, 2021, for applicants/holders of CLPs/CDLs (interstate and intrastate), FMCSA to electronically transmit driver identification, examination results, and restriction information, from the National Registry system, to the State Driver's Licensing Agencies

(SDLAs) for examinations performed in accordance with the FMCSRs (49 CFR 391.41–391.49), as well as information about any examinations reported by MEs that are performed in accordance with applicable State variances. This includes those that have been voided by FMCSA because it finds that an ME has certified a driver who does not meet the physical certification standards. When this provision becomes effective, it will eliminate the need for the ME to provide qualified CLP/CDL applicant/holders (only) with the original paper MEC (covered in IC-1), the need for motor carriers to request a copy of the handwritten MEC for applicants/holders of CLPs/CDLs (covered in IC-5), and the requirement for motor carriers to verify that CLP/CDL applicants/holders (only) were examined by a certified ME listed on the National Registry (covered in IC-5).

5. Beginning on June 22, 2021, FMCSA to electronically transmit medical variance information (exemptions, SPE certificates, and grandfathered exemptions) for all CMV drivers to the SDLAs.

Electronic transmission of this information will allow authorized State and Federal enforcement officials to be able to view the most current and accurate information regarding the medical status of the driver.

IC-7: Qualifications of Drivers: Diabetes Standard

On September 19, 2019, FMCSA published a final rule, titled *Qualifications of Drivers; Diabetes Standard* (83 FR 47486), amending the FMCSRs to permit drivers with a stable insulin regimen and properly controlled insulin-treated diabetes mellitus (ITDM) to operate CMVs in interstate commerce. An individual with ITDM is able to obtain an MEC from a certified ME for up to a maximum of 12 months if the treating clinician (TC), the healthcare professional who manages, and prescribes insulin for, the treatment of the individual's diabetes, attests to the certified ME that the individual maintains a stable insulin regimen and proper control of his or her diabetes, and the certified ME determines that the individual meets FMCSA's physical qualification standards. Certified MEs are able to certify drivers with ITDM for up to 12 months provided:

1. The TC provides information to the certified ME via the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, on which the TC attests that the individual maintains a stable insulin regimen and proper control of his or her diabetes.
2. The certified ME receives the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, no later than 45 days after it has been completed and signed by the individual's TC for each physical qualification examination.
3. The certified ME performs a physical qualification examination, considers the information provided by the TC, and determines that the individual meets FMCSA's physical qualification standards in 49 CFR 391.41(b) and 391.46 to safely operate a CMV.

IC-8: Qualifications of Drivers: Vision Standard

As described in the introduction, this revision to the ICR is primarily due to the Agency's development of an NPRM titled *Qualifications of Drivers; Vision Standard* (86 FR 2344, January 12, 2021).

The purpose of the *Qualifications of Drivers; Vision Standard* proposed rule is to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both in 49 CFR 391.41(b)(10) in one eye to be physically qualified to operate a CMV in interstate commerce under specified conditions. Currently, such individuals are prohibited from driving CMVs in interstate commerce unless they obtain an exemption from FMCSA, which must be renewed every 2 years. FMCSA is proposing an alternative vision standard and a two-step process for physical qualification. First, an individual seeking physical qualification would obtain a vision evaluation from an ophthalmologist or optometrist who would record the findings and provide specific medical opinions on the proposed Vision Evaluation Report, Form MCSA-5871. Next, at a physical qualification examination, a certified ME who is listed on the National Registry would consider the information provided on the vision report and exercise independent medical judgment to determine whether the individual meets the proposed vision standard, as well as FMCSA's other physical qualification standards. If the ME determines that the individual meets the physical qualification standards, the ME could issue an MEC, Form MCSA-5876, for up to 12 months.

This ICR supports the U.S. Department of Transportation (DOT) Strategic Goal of Safety by ensuring that CMV drivers are medically qualified to operate trucks and buses on our nation's highways.

2. HOW, BY WHOM, AND FOR WHAT PURPOSE IS THE INFORMATION USED

The public interest in, and right to have, safe highways requires the assurance that drivers of CMVs can safely perform the increased physical and mental demands of their duties. FMCSA's physical qualification standards provide this assurance by requiring drivers to be examined and medically certified as physically qualified to operate a CMV in interstate commerce.

CMV Driver Population

Third-party requirements of this ICR are being considered. This ICR reflects both interstate drivers subject to the FMCSRs and intrastate drivers subject to compatible State regulations¹ and has been updated based on current statistics. In addition, a small number of drivers transporting 8 or less migrant workers more than 75 miles in interstate commerce that are still subject to the medical certification requirements of 49 CFR part 398 are included in this population. The FMCSRs require certified MEs to report the results of each CMV drivers' medical examination completed to FMCSA. Although Federal regulations do not require States to comply with the medical requirements in the FMCSRs, most States do mirror the Federal requirements; therefore, we assume this burden is consistent with other FMCSA ICs. If intrastate CMV drivers are

¹ FMCSA 2018 Pocket Guide to Large Truck and Bus Statistics – 6.1 M CMV Drivers. Available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/safety/data-and-statistics/413361/fmcsa-pocket-guide-2018-final-508-compliant-1.pdf>.

subject to compatible State regulations, the Agency anticipates that it is likely that these drivers will use certified MEs on the National Registry for their physical qualification examinations. FMCSA recognizes that using the entire intrastate CMV driver population may be a high estimation, but uses this conservatively high estimation because the Agency does not have an exact number and there is nothing to preclude intrastate CMV drivers from being examined by a certified ME listed on the National Registry.

IC-1: Physical Qualification Standards

Information used to determine if a driver meets the physical qualification standards must be collected for our highways to be safe. FMCSA is the Federal government agency authorized to require the collection of this information, and the authorizing regulations are located at 49 CFR parts 390-399. Therefore, MEs must provide specific medical examination information for every driver they examine on driver examination forms required by FMCSA and must enter results of examinations performed into the National Registry. Drivers must provide identification and health history information on driver examination forms required by FMCSA. The purpose of providing this information is to enable the ME to determine if the driver meets the physical qualification standards under 49 CFR 391.41 and to ensure that there are no disqualifying medical conditions that could adversely affect their ability to drive safely or cause incapacitation constituting a risk to the public. If this information was not required, the threat to public safety would be immense and unacceptable.

IC-2: Resolution of Medical Conflict

The medical conflict provision provides a mechanism for drivers and motor carriers to request FMCSA to make a final decision to resolve conflicting medical evaluations when either party does not accept the decision of a medical specialist. FMCSA uses the information collected from the applicant, including medical information, to determine if the driver should or should not be qualified. Without this provision and its incumbent driver medical information collection requirements, an unqualified person may be permitted to drive and qualified persons may be prevented from driving.

IC-3 and IC-4: Medical Exemptions and SPEs

FMCSA may, on a case-by-case basis, grant a medical exemption from a physical qualification standard set forth in 49 CFR 391.41, if the Agency determines the exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved by complying with the regulation. Information collected under 49 CFR 381.310 is necessary for FMCSA to make this determination. Individuals with limb impairments are permitted to operate a CMV, but only when they are otherwise qualified and are issued an SPE certificate by FMCSA. FMCSA must collect medical information about the driver's medical condition in order to determine eligibility to receive an SPE certificate.

IC-5: National Registry of Certified Medical Examiners

Motor carriers are permitted to employ only drivers who are medically certified to drive. Applicants with certain medical conditions are not qualified to drive. MEs who examine and certify interstate CMV drivers must determine whether drivers are medically qualified to operate a CMV. The FMCSRs require medical professionals to register with the National Registry to

begin the certification process, which includes providing contact and employment information. This data is used to provide the public with contact information for those MEs who are certified by FMCSA to conduct interstate CMV driver physical qualification examinations.

MEs that conduct physical qualification examinations for interstate CMV drivers are required to complete training concerning FMCSA's physical qualification standards, pass a certification test, and maintain competence through periodic training every 5 years and testing every 10 years. FMCSA records the completion of periodic training in the ME's National Registry account. The certification test is administered by an FMCSA-approved test center that transmits the test results to the National Registry. FMCSA uses test results received to determine if the ME has passed the test and to track test-taking trends, as well as to provide applicants for National Registry ME certification with test results and follow-up information.

In order to determine ME compliance with FMCSA medical standards and guidelines in performing CMV driver physical qualification examinations, 49 U.S.C. 31149(c) requires MEs to electronically transmit the results of each CMV driver medical examination they complete on a monthly basis to the National Registry. However, as previously discussed, beginning on June 22, 2018, this requirement changed to require MEs to electronically transmit the results of each CMV driver medical examination they complete by midnight (local time) of the next calendar day following the examination but continues to be covered by IC-5. MEs are also required to record their National Registry number on each MEC they issue under 49 CFR 391.43(g)(2) and to provide copies of MER Forms and MECs to authorized representatives or agents of FMCSA or authorized State or local enforcement agency representatives upon request.

Motor carriers are required to verify that each driver was examined by a certified ME listed on the National Registry and place a note relating to the verification in the DQ file as proof that the motor carrier has met its obligation to require drivers to comply with the regulations that apply to the driver (49 U.S.C. 31135(a) and 49 CFR 390.11). However, as previously discussed, beginning on June 22, 2021, motor carriers will no longer be required to verify this for CLP/CDL applicants/holders. This is covered in IC-5.

IC-6: Medical Examiner's Certification Integration

On April 23, 2015, FMCSA published the *Medical Examiner's Certification Integration* final rule with a compliance date of June 22, 2018 (80 FR 22790). As the compliance date approached, FMCSA concluded that the information technology infrastructure necessary to implement the portions of the final rule that required the electronic transmission of data would not be available on June 22, 2018. Accordingly, on June 21, 2018, FMCSA published a notice (83 FR 28774) extending the compliance date for several of the provisions in the final rule to June 22, 2021. The discussion below explains which provisions were impacted. Because the *Medical Examiner's Certification Integration* final rule amended existing regulatory requirements, the associated paperwork burden for some provisions is accounted for in the original information collection. The discussion below also lists the information collection where the burden is included.

As a follow-on rule to the National Registry final rule, information collection requirements for the implementation of the *Medical Examiner's Certification Integration* final rule affect MEs and their administrative assistants, drivers, and motor carriers.

As part of the *Medical Examiner's Certification Integration* final rule, the FMCSRs were amended to require:

1. *Certified MEs performing medical examinations on CMV drivers to use a newly developed MER Form, MCSA-5875, in place of the then current MER Form.* The MER Form is used by the ME to record the details and results of a CMV driver's physical qualification examination and are maintained by the ME. This burden is covered by IC-1. The Agency is required by 49 U.S.C. 31149(c) to conduct periodic reviews of a select number of MEs on the National Registry. The purpose of this review is to ensure driver examinations are being conducted properly and to review MER Forms for errors, omissions, or other indications of improper certification. In addition, FMCSA requests MER Forms to monitor the accuracy of information provided by drivers. If the Agency requests copies of the MER Form and supporting medical records for CMV drivers examined, submission to the Agency will be via the certified ME's individual password-protected National Registry account.
2. *Certified MEs to use Form MCSA-5876 for the MEC.* The purpose of the MEC is to document that the driver has been medically examined and certified, in accordance with 49 CFR 391.43, as physically qualified to operate a CMV in interstate commerce. This burden is covered in IC-1. Beginning on June 22, 2021, FMCSA will provide MEC information for CLP/CDL applicants/holders to the SDLA electronically via the Commercial Driver's License Information System (CDLIS) for entry on the appropriate CDLIS driver record. For physically qualified non-CDL drivers, the MEs will continue to issue a paper MEC, Form MCSA-5876, to the driver. A copy of this form will remain with the ME and will be provided to authorized representatives or agents of FMCSA or authorized State or local enforcement agency representatives only upon request.
3. *Certified MEs to report results of each completed CMV drivers' (interstate and intrastate) medical examination (including the results of examinations where the driver was found not to be qualified) to FMCSA by midnight (local time) of the next calendar day following the examination via the CMV Driver Medical Examination Results Form, MCSA-5850.* The reporting of results includes all CMV drivers (CDL/CLP and non-CDL/CLP) who are required to be medically certified to operate in interstate commerce and allows, but does not require, MEs to transmit any information about examinations performed in accordance with the FMCSRs with any applicable State variances, which will be valid for intrastate operations only. This burden is accounted for in IC-5.
4. *Beginning on June 22, 2021, for CLP/CDL applicants/holders, FMCSA to electronically transmit data including driver identification, examination results, and restriction information from the National Registry to the SDLAs for examinations performed in accordance with the FMCSRs (49 CFR 391.41 – 391.49), as well as information about any examinations reported by MEs that are performed in accordance with applicable State variances for entry into the appropriate CDLIS driver record where it becomes an electronic version of the MEC.* Electronic transmission of this information will allow authorized State and Federal enforcement officials to be able to view the most current and accurate

information regarding the medical status of the driver. When this provision becomes effective, it will eliminate the requirement for MEs to handwrite and provide the original paper MEC to CDL/CLP drivers (only) (covered in IC-1), the need for motor carriers to request a copy of the handwritten MEC for CDL/CLP drivers (covered in IC-5), and the requirement for motor carriers to verify that CDL/CLP drivers (only) were examined by a certified ME listed on the National Registry (covered in IC-5). This information will be housed in the National Registry and will only be provided to authorized representatives or agents of FMCSA or authorized State or local enforcement agency representatives.

5. *Beginning on June 22, 2021, FMCSA to electronically transmit medical variance (exemptions, SPE certificates, and grandfathered exemptions) information for all CMV drivers to the SDLAs.* A medical variance is issued by FMCSA to a driver who would otherwise not meet the physical qualification standards in 49 CFR 391.41(b). Therefore, the medical variance information originates with FMCSA. The Agency will electronically transmit the information for all CMV drivers from the National Registry to the appropriate SDLAs whenever FMCSA issues, renews, or rescinds a medical variance. The SDLAs will be required to update CDLIS driver records each business day with medical variance information transmitted from FMCSA for CDL/CLP drivers. This allows the most current information about the medical status of CDL/CLP drivers to be made available promptly and accurately. Transmission of this information also allows authorized State and Federal enforcement officials to be able to view the most current and accurate information regarding the medical status of the CDL/CLP driver, all information on the MEC, and the medical variance information to include the issued and expiration dates.

IC-7: Qualifications of Drivers; Diabetes Standard

As a result of the *Qualifications of Drivers; Diabetes Standard* final rule, the FMCSRs were amended to permit drivers with a stable insulin regimen and properly controlled ITDM to operate CMVs in interstate commerce. An individual with ITDM is able to obtain an MEC from a certified ME for up to a maximum of 12 months if the TC, the healthcare professional who manages, and prescribes insulin for, the treatment of the individual's diabetes, attests to the certified ME that the individual maintains a stable insulin regimen and proper control of his or her diabetes, and the certified ME determines that the individual meets FMCSA's physical qualification standards. The information provided by the TC enables the ME to make a qualification determination based on whether the driver meets all the physical qualification requirements of 49 CFR 391.41(b) and 391.46 to safely operate a CMV.

IC-8: Qualifications of Drivers; Vision Standard

The purpose of the *Qualifications of Drivers; Vision Standard* proposed rule is to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both at 49 CFR 391.41(b)(10) in one eye to operate CMVs in interstate commerce under specified conditions. The Agency proposes to allow such individuals to drive a CMV in interstate commerce if they are evaluated at least annually by an ophthalmologist or optometrist before every physical qualification examination by a certified ME who is listed on the National Registry. The certified ME would begin the physical qualification examination no later than 45 days after the ophthalmologist or optometrist signs and dates the Vision Evaluation Report, Form MCSA-5871. The information provided by the ophthalmologist or optometrist would enable the

certified ME to make a qualification determination based on whether the individual meets all the physical qualification requirements of 49 CFR 391.41(b) and proposed section 391.44 to safely operate a CMV.

3. EXTENT OF AUTOMATED INFORMATION COLLECTION

IC-1: Physical Qualification Standards

The FMCSRs covering driver physical qualification records found at 49 CFR 391.43 specify that a medical examination be performed on CMV drivers subject to part 391 who operate in interstate commerce. The results of the examination must be recorded in accordance with the requirements set forth in that section. MEs are required to maintain records of the CMV driver medical examinations they conduct. FMCSA does not require MEs to maintain these records electronically. However, there is nothing to preclude a ME from maintaining electronic records of the medical examinations he/she conducts. FMCSA is continuously evaluating new information technology in an attempt to decrease the burden on motor carriers and MEs.

IC-2: Resolution of Medical Conflict

If two MEs disagree about the medical certification of a driver, the requirements set forth in 49 CFR 391.47 mandate that the applicant (driver or motor carrier) submit a copy of a report including results of all medical testing and the opinion of an impartial medical specialist in the field in which the medical conflict arose. The applicant may choose to submit the information using fax or email.

IC-3: Medical Exemptions

The Agency currently has one established exemption program with criteria that should be satisfied to be considered for an exemption from the vision standard set forth in 49 CFR 391.41. A template for the letter of application for this program can be downloaded from the FMCSA website. In addition, the Vision Exemption Program maintains a database of application information. Although not established programs, the Agency began granting exemptions in 2013 from the Agency's hearing standard for interstate CMV drivers and the requirement that interstate CMV drivers have "no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a [CMV]" (49 CFR 391.41(b)(8)). The application process for all exemptions currently provides for electronic collection of the application information by FMCSA for those applicants who choose to submit the information electronically. They may fax or scan and email documents to FMCSA.

IC-4: SPE Certificate Program

Individuals with limb impairments are permitted to operate a CMV if they are otherwise medically qualified and have been issued an SPE certificate by FMCSA. The application process currently provides for electronic collection of the application by FMCSA for those applicants who choose to submit the information electronically. They may download the application from the FMCSA website and fax or scan and email the application to the appropriate FMCSA Service Center in which the driver has legal residence for processing. If the application is submitted jointly by the driver who seeks the SPE certificate and by the motor

carrier who will employ the driver applicant, the application must be submitted to the FMCSA Service Center closest to where the motor carrier's principal place of business is located. In addition, each FMCSA Service Center maintains a database of SPE application information.

IC-5: National Registry of Certified Medical Examiners

The National Registry final rule requires ME candidates to submit contact and employment data; test centers to submit test results; and certified MEs to submit CMV driver medical examination results and, when requested, copies of MER Forms and MECs electronically via their National Registry accounts. Testing organizations apply online to become approved to administer the National Registry ME Certification Test. They submit contact information and documentation explaining how they will meet FMCSA's requirements. In addition, motor carriers are required to verify the National Registry number on the MEC and place a note regarding verification in the DQ file. This verification is accomplished by the motor carrier going to the National Registry website and searching the National Registry by entering the National Registry number listed on the MEC being verified.

IC-6: Medical Examiner's Certification Integration

The *Medical Examiner's Certification Integration* final rule modified the requirements adopted in two previous rules so that the driver identification, examination results, and restriction information for all CMV drivers is electronically transmitted to FMCSA by midnight (local time) of the next calendar day after the examination by a certified ME listed on the National Registry and then beginning on June 22, 2021, the information for CDL/CLP drivers will be electronically transmitted to the SDLA for entry into the appropriate CDLIS driver record within one business day of receipt from FMCSA, eliminating the need for these drivers to provide the SDLA with the original paper MEC. In addition, beginning on June 22, 2021, FMCSA will electronically transmit medical variance (exemptions, SPE certificates, and grandfathered exemptions) information for all CMV drivers to the SDLAs, eliminating the requirement for drivers to provide variance information to the SDLA.

IC-7: Qualifications of Drivers; Diabetes Standard

As a result of the *Qualifications of Drivers; Diabetes Standard* final rule, the FMCSRs were amended to permit drivers with a stable insulin regimen and properly controlled ITDM to operate CMVs in interstate commerce. An individual with ITDM is able to obtain an MEC from a certified ME for up to a maximum of 12 months if the TC, the healthcare professional who manages, and prescribes insulin for, the treatment of the individual's diabetes, attests to the certified ME that the individual maintains a stable insulin regimen and proper control of his or her diabetes, and the certified ME determines that the individual meets FMCSA's physical qualification standards.

FMCSA allows TCs to provide the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, to the certified MEs, if the TCs choose to do so, using electronic communication such as fax or email. Consistent with OMB's commitment to minimizing respondents' recordkeeping and paperwork burdens, and the increased use of secure electronic modes of communication, the Agency anticipates that approximately 25 percent of the forms would be transmitted electronically.

IC-8: Qualifications of Drivers; Vision Standard

The purpose of the *Qualifications of Drivers; Vision Standard* proposed rule is to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both at 49 CFR 391.41(b)(10) in one eye to operate CMVs in interstate commerce under specified conditions. The Agency proposes to allow such individuals to drive a CMV in interstate commerce if they are evaluated at least annually by an ophthalmologist or optometrist before every physical qualification examination by a certified ME who is listed on the National Registry. The individual, ophthalmologist, or optometrist would provide the ME with a Vision Evaluation Report, Form MCSA-5871, that has been completed and signed by an ophthalmologist or optometrist.

FMCSA proposes to allow the ophthalmologist or optometrist to provide the Vision Evaluation Report, Form MCSA-5871, to the certified MEs, if the ophthalmologist or optometrist chooses to do so, using electronic communication such as fax or email. Consistent with OMB's commitment to minimizing respondents' recordkeeping and paperwork burdens, and the increased use of secure electronic modes of communication, the Agency anticipates that approximately 25 percent of the forms would be transmitted electronically.

In total, it is estimated that approximately 25 percent of exemption and SPE data is transmitted electronically and 100 percent of the National Registry data is transmitted electronically. As indicated above, exemption and SPE certificate applicants may submit application information electronically. ME candidates submit contact and employment data; test centers submit test results; and certified MEs submit CMV driver medical examination results, and, when requested, copies of MER Forms via the National Registry. TCs, ophthalmologists, and optometrists also may submit forms electronically.

4. EFFORTS TO IDENTIFY DUPLICATION

FMCSA is the only Federal agency with the authority to regulate the qualifications of CMV drivers operating in interstate commerce. Therefore, there is no Federal agency duplication. The Administrative Procedure Act allows for public comment, which would provide a means to identify any duplication that exists. Comments to the docket on FMCSA rulemaking notices have not revealed any duplication of the information collections discussed in this document.

5. EFFORTS TO MINIMIZE THE BURDEN ON SMALL BUSINESSES

IC-5: National Registry of Certified Medical Examiners

The National Registry final rule does impact motor carriers, MEs, and the firms that employ MEs, many of which are considered small entities. The main impact on the motor carriers is replacing drivers who cannot maintain medical certification with new drivers who are medically qualified. The Regulatory Flexibility Analysis conducted by the Agency revealed that even for sole proprietorships, the direct costs of hiring a new driver would amount to less than 2 percent of annual revenue, which is not a significant economic impact. The impact on MEs and firms that employ them comes from the initial costs imposed on MEs during the training phase.

However, the Regulatory Flexibility Analysis conducted by the Agency revealed that even for firms that generate relatively modest revenue, this cost amounts to only 0.5 percent of revenue. Therefore, the National Registry does not have a significant impact on a significant number of firms in either the healthcare or motor carrier industry.

IC-6: Medical Examiner's Certification Integration

Increasing the frequency of collection of CMV driver medical examination results data through the *Medical Examiner's Certification Integration* final rule does affect medical clinics and practices, so there will be some impact on small businesses. However, because this data has always been recorded on the MEC, and since May 21, 2014, has been electronically reported as a requirement of the *National Registry of Certified Medical Examiners* final rule, it is anticipated that the *Medical Examiner's Certification Integration* final rule will not have a significant impact or require a significant time burden. Information collection burdens on employers, some of whom are small businesses, will decrease, because the final rule will eventually eliminate the National Registry number verification requirement for CDL/CLP drivers.

IC-7: Qualifications of Drivers; Diabetes Standard

TCs that elect to examine drivers with ITDM and provide the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, to the certified ME charge for their services. Because the TCs routinely collect this information, the Agency does not anticipate impacts from this information collection.

IC-8: Qualifications of Drivers; Vision Standard

The ophthalmologists and optometrists who elect to evaluate drivers with visual impairment and provide the Vision Evaluation Report, Form MCSA-5871, charge for their services. Because ophthalmologists and optometrists routinely collect this information, the Agency does not anticipate impacts from this information collection.

6. IMPACT OF LESS FREQUENT COLLECTION OF INFORMATION

CMV Driver Medical Examinations (IC-1, IC-2, IC-5, IC-6, IC-7, and IC-8)

Due to the potential for the onset of new conditions or changes in existing conditions that may adversely affect a driver's ability to drive safely and/or cause incapacitation that could be a risk to public safety, periodic evaluation is required to assess driver physical qualification. MECs may be issued for up to 2 years after the date of examination. However, drivers with certain medical conditions must be certified more frequently than every 2 years. MEs have discretion to certify for shorter time periods on a case-by-case basis for medical conditions that require closer monitoring or that are more likely to change over time. MEs are required by FMCSA to transmit results of any CMV driver medical examinations conducted by midnight (local time) of the next calendar day following the examination. Less frequent collection of driver data, MER Forms, and MECs would compromise FMCSA's ability to determine ME compliance with FMCSA medical standards and guidelines in performing CMV driver physical qualification examinations, which could result in MEs listed on the National Registry who should be removed and possibly drivers that do not meet the physical qualification standards possessing an MEC. Less frequent data collection would also result in decreased validity of the data (i.e., less frequent data

submission may increase the error rate due to unintentional omission of examination information). In addition, if information regarding drivers' physical condition was collected less frequently, drivers' records would not always provide accurate and up-to-date information regarding drivers' physical qualification status, which could result in drivers operating CMVs who are not medically qualified to do so. Therefore, less frequent collection of driver examination results is not an option.

Medical Exemptions and SPE Certificates (IC-3 and IC-4)

FMCSA may, on a case-by-case basis, grant a medical exemption from a physical qualification standard set forth in 49 CFR 391.41, if the Agency determines the exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved by complying with the regulation. The procedures that persons must follow to request exemptions from the FMCSRs are set forth in 49 CFR 381.300. Without an exemption, individuals who do not meet the requirements in 49 CFR 391.41 would not be qualified to operate a CMV in interstate commerce. The Agency requires all medical exemptions be renewed every 2 years to ensure that the granting of the exemption does not diminish safety under 49 CFR 381.310. Exemption holders are required to submit annual medical information for review to ensure the driver continues to meet the physical qualification requirements. Individuals with limb impairments are permitted to operate a CMV if they are otherwise medically qualified and have been issued an SPE certificate by FMCSA. The SPE certificate must be renewed every 2 years by submitting a renewal application that includes a MER Form, MCSA-5875. In the interest of highway safety, the medical examination, exemption, and SPE certificate renewal should not be performed less frequently.

Certification of MEs (IC-5)

FMCSA needs to certify as many healthcare professionals as possible to meet the CMV driver demand. To certify these healthcare professionals, they must meet the requirements outlined in the FMCSRs, which include registering with the National Registry, completing required training, and passing a certification test, all of which involve information collection. Less frequent collection of ME candidate test results, identity, and eligibility information would mean that there are less healthcare professionals attempting to become certified, which would result in fewer certified MEs being available to the CMV driver and motor carrier population. This could place a huge burden on drivers and motor carriers to find certified MEs to perform physical qualification examinations. Therefore, less frequent collection of ME candidate test results and identity and eligibility information is not an option.

Verification that an ME is Certified by FMCSA (IC-5 and IC-6)

The National Registry final rule requires motor carriers to verify the National Registry number of the MEs who certify their drivers and place a note in the DQ file. Less frequent verification of the National Registry numbers by motor carriers would mean drivers may not have been examined by a certified ME listed on the National Registry and the drivers may no longer meet the physical qualifications standards in the FMCSRs, even though they were previously certified as physically qualified. However, as part of the *Medical Examiner's Certification Integration* final rule, beginning on June 22, 2021, employers will not be required to verify that the ME is listed on the National Registry for CDL/CLP driver examinations because FMCSA will be

electronically transmitting MEC information for these drivers only if they were examined by a certified MEs listed on the National Registry.

7. SPECIAL CIRCUMSTANCES

Reporting of CMV Driver Medical Examination Results (IC-5 and IC-6)

Certified MEs listed on the National Registry are required by 49 U.S.C. 31149(c) to electronically transmit to FMCSA on at least a monthly basis driver information and results of any CMV driver medical examinations conducted during the previous month. However, as a result of the *Medical Examiner's Certification Integration* final rule, the FMCSRs were amended to requires certified MEs listed on the National Registry to report results of each completed CMV drivers' medical examination (including the results of examinations where the driver was found not to be qualified) to FMCSA by midnight (local time) of the next calendar day following the examination. The reporting requirements were changed from monthly to daily to allow authorized State and Federal enforcement officials to be able to view the most current and accurate information regarding the medical status of the CMV driver, all information on the MEC, and the medical variance information to include the issued and expiration dates. In addition, less frequent collection of driver examination results data would compromise FMCSA's ability to determine ME compliance with FMCSA medical standards and guidelines in performing CMV driver physical qualification examinations and would decrease the validity of the data.

For CDL/CLP holders, beginning on June 22, 2021, FMCSA will electronically transmit driver identification, examination results, and restriction information from the National Registry system to the SDLAs.

8. COMPLIANCE WITH 5 CFR 1320.8

IC-5: National Registry of Certified Medical Examiners

On December 1, 2008, FMCSA published an NPRM titled *National Registry of Certified Medical Examiners* (73 FR 73129). The NPRM contained information about the ME training and certification testing process including the information collection requirements. The NPRM also defined the requirements for reporting CMV driver examination results data and submitting MER forms and MECs. In response to the NPRM, FMCSA received numerous comments. Several commenters provided recommendations or voiced concern about various parts of the proposed requirements, including increased costs and training requirements for MEs, the implementation period, and the lack of a developed training curriculum. All comments submitted to the Agency in response to the NRPM were addressed in the *National Registry of Certified Medical Examiners* final rule published on April 20, 2012 (77 FR 24104).

On March 16, 2011, FMCSA published an additional notice (76 FR 14366) requesting comment on a modification of the information collection requirements under consideration by the Agency. FMCSA responded to the comments on the modification of the information collection in the *National Registry of Certified Medical Examiners* final rule published on April 20, 2012 (77 FR 24014).

IC-6: Medical Examiner's Certification Integration

On May 10, 2013, FMCSA published an NPRM titled *Medical Examiner's Certification Integration* (78 FR 27343) and requested comments from the public. The NPRM defined the requirements for increased reporting of CMV driver examination results data and the use of MER Form, MCSA-5875, and MEC, Form MCSA-5876. The NPRM also described the process for electronic transmission of medical certification information from the National Registry to the SDLAs. In response to the NPRM, FMCSA received numerous comments. Several commenters provided recommendations or voiced concern about various parts of the proposed requirements, such as identification of the system that will be used for the electronic transmission of MEC data to the SDLAs, transmission of data for all CMV drivers not just CDL and CLP holders, transmission of data for those drivers operating in intrastate commerce, daily reporting requirements for MEs, and new form requirements. All comments submitted to the Agency in response to the NRPM were addressed in the *Medical Examiner's Certification Integration* final rule published on April 23, 2015 (78 FR 22790).

IC-7: Qualifications of Drivers; Diabetes Standard

On May 4, 2015, FMCSA published an NPRM titled *Qualifications of Drivers; Diabetes Standard* (80 FR 25260) and requested comments from the public. The NPRM proposed to allow drivers with ITDM to operate CMVs in interstate commerce if the TC provided written notification to the certified ME that the driver's condition was stable and well-controlled. However, based on an analysis of the comments received, FMCSA considered replacing the TC statement with a form to be completed by the TC and provided to the certified ME.

On July 27, 2017, FMCSA published a 60-day notice and requested comments from the public about replacing the previously proposed written notification from the TC with a form titled *Insulin-Treated Diabetes Mellitus Assessment Form* (82 FR 35041). In response to the notice, FMCSA only received five substantive comments regarding the form, which were addressed in the *Qualifications of Drivers; Diabetes Standard* final rule and acted as the 30-day notice for the proposed information collection (83 FR 47486, September 19, 2018). FMCSA did not receive any comments in response to the burden of the IC.

IC-8: Qualifications of Drivers; Vision Standard

On January 12, 2021, FMCSA published an NPRM titled *Qualifications of Drivers; Vision Standard* (86 FR 2344) and requested comments from the public. The NPRM contained information about the proposed alternative vision standard, including the information collection utilizing the Vision Evaluation Report, Form MCSA-5871. The Agency proposes to allow individuals who do not meet either the current distant visual acuity or field of vision standard or both in one eye to drive a CMV in interstate commerce if they are evaluated at least annually by an ophthalmologist or optometrist before every physical qualification examination by a certified ME who is listed on the National Registry and meet the physical qualification standards. The individual, ophthalmologist, or optometrist would be required to provide the ME with a Vision Evaluation Report, Form MCSA-5871, that has been completed and signed by an ophthalmologist or optometrist.

9. PAYMENTS OR GIFTS TO RESPONDENTS

With the exception of payments for professional services by healthcare providers, respondents to this ICR do not receive any payments or gifts.

10. ASSURANCE OF CONFIDENTIALITY

All ICs

All information collected is protected by reasonable security safeguards against loss or unauthorized access, destruction, usage, modification, or disclosure. These safeguards incorporate standards and practices required for Federal information systems under the Federal Information System Management Act and are detailed in Federal Information Processing Standards Publication 200, Minimum Security Requirements for Federal Information and Information Systems, NIST Special Publication 800-53, Rev. 4, Security and Privacy Controls for Federal Information Systems and Organizations, dated April 30, 2013. FMCSA has a comprehensive information security and privacy program that contains management, operational, and technical safeguards that are appropriate for the protection of the information collected.

All medical records are kept confidential by FMCSA and certified MEs listed on the National Registry. The information is retained by FMCSA in accordance with the requirements of the Privacy Act of 1974. MEs are required to maintain and disclose medical information and personally identifiable information in accordance with applicable Federal and State privacy laws.

FMCSA, in accordance with 49 CFR 391.51 and 398.3, requires the MEC that contains limited information (i.e. driver identification, whether medically qualified, and variance information) or a copy of the motor vehicle record obtained from the SDLA for CDL holders and a note regarding verification of the National Registry number on the MEC to be kept in the DQ file maintained by the motor carrier. However, beginning on June 22, 2021, for CDL/CDL drivers, verification of the National Registry number will not be required. This is a privacy positive outcome for the Agency because it results in less sensitive data being held by the Agency. There is privacy risk not controlled by the Agency in the records maintained by the motor carrier.

IC-3 and IC-4: Exemptions and SPE Certificates

The exemption and SPE certificate programs require the collection and submission of detailed medical information that FMCSA would not otherwise collect. Therefore, all exemption and SPE records are safeguarded in accordance with applicable rules and policies, including all applicable DOT automated systems security and access policies. Strict controls have been imposed to minimize the risk of compromising the information that is being stored. Access to the computer system containing these records is limited to those individuals who have a need to know the information for the performance of their official duties and who have appropriate clearances and permissions. All records are protected from unauthorized access through appropriate administrative, physical, and technical safeguards against loss or unauthorized access, destruction, usage, modification, or disclosure.

IC-5: National Registry of Certified Medical Examiners

Records in the National Registry system are safeguarded in accordance with applicable rules and policies, including all applicable DOT automated systems security and access policies. Strict controls have been imposed to minimize the risk of compromising the information that is being stored. Access to the computer system containing the records in the registry is limited to those individuals who have a need to know the information for the performance of their official duties and who have appropriate clearances and permissions. All records in the National Registry system are protected from unauthorized access through appropriate administrative, physical, and technical safeguards. All access to the National Registry system is logged and monitored.

FMCSA has developed secure processes for the transmission of information, records control and repository, and the ability to retrieve and search records. A secure information system and web interface is being used, by which each ME registered with the National Registry has his/her own National Registry account that is accessed through login.gov. Login.gov uses two-factor authentication and stronger passwords that meet new National Institute of Standards of Technology requirements for secure validation and verification. MEs can access this information system but are limited to only view, edit, and change the ME's own identification, contact information, medical credential, employer contact, and training information; request voluntary removal from the National Registry; and securely submit the required CMV driver medical examination results data. ME Administrative Assistants (MEAAs) can access this information system but are limited to only view, edit, and change their own information and to securely submit CMV driver medical examination results data on behalf of MEs that have designated them as an MEAA.

Testing organizations that offer online testing are required to provide a means to authenticate the identity of the person taking the test, to monitor the activity of the person taking the test, and to prevent the person taking the test from reproducing the contents of the test, as required by 49 CFR 390.107(b). Testing organizations must develop policies and procedures when using automated monitoring online systems. These policies and procedures must be presented to each candidate taking the test. Testing organizations are required to submit their procedures to FMCSA as part of their application to become an approved testing organization. FMCSA conducts security assessments of testing organizations' data systems, including site visits, to ensure protection of information collected before approving them to administer the certification test.

Logical access controls restrict users of the National Registry. These controls are guided by the principles of least privilege and need to know. Role-based user accounts are created with specific job functions allowing only authorized accesses, which are necessary to accomplish assigned tasks in accordance with compelling operational needs and business functions of the National Registry. Any changes to user roles require approval of the System Manager.

The National Registry maintains an auditing function that tracks all user activities in relation to data, including access and modification. Through technical controls including firewalls, intrusion detection, encryption, access control lists, and other security methods, FMCSA prevents unauthorized access to data stored in the National Registry. These controls meet

federally mandated information assurance and privacy requirements. The National Registry system is approved through the Security Authorization Process under the National Institute of Standards and Technology.

The secure system encrypts all documents. The redress process described in the Individual Participation and Redress section of the Privacy Impact Assessment for the National Registry is a mechanism to maintain and improve accuracy of information.

IC-6: Medical Examiner's Certification Integration

As a follow-on rule to the National Registry final rule, all safeguards described above also apply to the *Medical Examiner's Certification Integration* final rule. In addition, the *Medical Examiner's Certification Integration* final rule will, once fully implemented, include the use of CDLIS as the system to be used to transfer MEC and medical variance (exemptions, SPE certificates, and grandfathered exemptions) information from the National Registry to the SDLAs. DOT has determined that CDLIS is not a Federal "system of records," as defined by the Privacy Act of 1974 (5 U.S.C. 552a), because the records in CDLIS are not controlled by DOT. CDLIS is operated by the American Association of Motor Vehicle Administrators (AAMVA).

11. JUSTIFICATION FOR COLLECTION OF SENSITIVE INFORMATION

IC-1: Physical Qualification Standards

The medical examination process requires the ME to inquire about aspects of driver physical and mental health, including history of frequent alcohol use, illicit drug use, or habit-forming medication use. CMV drivers give consent to the collection of this information by signing the MER Form, MCSA-5875, prior to the examination.

IC-3 and IC-4: Exemptions and SPE Certificates

The exemption and SPE certificate programs require the collection and submission of detailed medical information that FMCSA would not otherwise collect as part of the exemption and SPE processes in order to confirm the driver is otherwise physically qualified.

IC-5: National Registry of Certified Medical Examiners and IC-6: Medical Examiner's Certification Integration

FMCSA collects ME registration data in order to match on-site documentation with verification of identity and testing eligibility (e.g., proof of State licensure that allows performance of physical examinations and proof of completion of training that conforms to the FMCSA core curriculum specifications). FMCSA collects test results data to track participant test-taking trends, as well as to provide respondents with test results and follow-up information. MEs provide their consent during the registration process to becoming a certified ME.

MEs are required to submit CMV driver medical examination results (e.g., medically qualified, medically unqualified, pending determination) in conjunction with driver identification information. This information becomes the electronic version of the MEC. Submission of this medical certification information is necessary to tie a specific ME to a specific driver

examination in order to monitor the performance of certified MEs, as required by 49 U.S.C. 31149(c).

IC-7: Qualifications of Drivers; Diabetes Standard

The Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, requires the collection and submission of detailed medical information related to drivers with ITDM that FMCSA would not otherwise collect as part of the physical qualification processes. Such information is necessary for the certified ME, with input from the TC, to make a qualification determination regarding whether the driver meets all the physical qualification requirements of 49 CFR 391.41(b) and 391.46 to safely operate a CMV.

IC-8: Qualifications of Drivers; Vision Standard

The Vision Evaluation Report, Form MCSA-5871, requires the collection and submission of detailed medical information related to drivers who cannot meet either the distant visual acuity or field of vision standard or both in one eye that FMCSA would not otherwise collect as part of the physical qualification processes. Such information is necessary for the certified ME, with input from the ophthalmologist or optometrist, to make a qualification determination regarding whether the driver meets all the physical qualification standards of 49 CFR 391.41(b) and the proposed section 391.44 to safely operate a CMV.

12. ESTIMATE OF BURDEN HOURS FOR INFORMATION REQUESTED

The FMCSRs at 49 CFR 391.41 set forth the physical qualification standards that interstate CMV drivers who are subject to part 391 must meet, except for drivers of migrant workers (who must meet the physical qualification standards set forth in 49 CFR 398.3). The FMCSRs covering driver physical qualification records are found at 49 CFR 391.43, which specifies that a medical examination be performed on CMV drivers subject to part 391 who operate in interstate commerce, resulting in a required collection of information about the physical qualification of CMV drivers. The information is collected through the medical examination of the CMV driver and supporting physical qualification records.

Population of CMV Drivers

The population of CMV drivers has been updated throughout this document based on current statistics. This number reflects both interstate drivers subject to the FMCSRs and intrastate drivers subject to compatible State regulations. In addition, a small number of drivers transporting 8 or less migrant workers more than 75 miles in interstate commerce that are still subject to the medical certification requirements of 49 CFR part 398 are included in this population. The *National Registry of Certified Medical Examiners* final rule requires certified MEs to report the results of each CMV driver's medical examination completed to FMCSA. Although Federal regulations do not require States to comply with the medical requirements in the FMCSRs, most States mirror the Federal requirements; therefore, we assume this burden is consistent with other FMCSA information collections. If intrastate CMV drivers are subject to compatible State regulations, the Agency anticipates that it is likely that these drivers will use certified MEs on the National Registry for their medical qualification examinations. FMCSA recognizes that using the entire intrastate CMV driver population may be a high estimation, but

uses this conservatively high estimation because the Agency does not have an exact number and there is nothing to preclude intrastate CMV drivers from being examined by a certified ME listed on the National Registry.

There are approximately 6.1 million drivers² subject to FMCSA’s physical qualification standards. Periodic re-evaluation and recertification is required to assess driver physical qualification, due to the potential for the onset of new conditions or changes in existing conditions that may adversely affect a driver’s ability to drive safely and/or cause incapacitation that could be a risk to public safety. An MEC can be issued for up to 2 years after the date of examination. However, drivers with certain medical conditions must be certified more frequently than every 2 years. MEs have discretion to certify for shorter time periods, on a case-by-case basis, for medical conditions that require closer monitoring or are more likely to change over time. Halving the number of drivers underestimates the total number of examinations that are conducted annually. In addition, for various other reasons, drivers may find that they need to be examined more frequently. As a result of these exceptions to the biennial medical certification schedule, the Agency estimates that the actual number of medical examinations conducted annually is 40.20 percent greater than would be the case if all drivers were only examined biennially. As detailed in the table below, the Agency estimates that approximately 4,276,100 examinations are conducted annually.

Population of CMV Drivers Subject to FMCSA Medical Standards and Examined Annually

Baseline	Exams every 2 years – ½ of that population	Adjustment for out-of-cycle exams	Drivers examined annually
6,100,000	3,050,000	40.20%	4,276,100

IC-1: FMCSA Physical Qualification Standards

Information Collection Tasks Relating to the MER Form and MEC

The FMCSRs require MEs, drivers, and motor carriers to complete 4 tasks relating to the MER Form and the MEC. Time burdens for each task are provided in the tables below.

ME Tasks

Task	Time to Complete Task
Complete, Document, and File MER Form	20 minutes
Complete and furnish the original paper MEC to the driver	1 minute

Driver Task

Task	Time to Complete Task
Complete driver health history portion of the MER Form	5 minutes

²FMCSA. 2018. Pocket Guide to Large Truck and Bus Statistics. Available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/safety/data-and-statistics/413361/fmcsa-pocket-guide-2018-final-508-compliant-1.pdf> .

Motor Carrier Task

Task	Time to Complete Task
File MEC in DQ record	1 minute

It takes a ME approximately 20 minutes to complete, document, and file the MER Form. It takes the driver 5 minutes to complete the health history section of the MER Form. It takes a ME approximately 1 minute to complete the MEC and furnish one copy to the driver examined. It takes a motor carrier approximately 1 minute to file the MEC. The total annual time and cost burdens to respondents for the medical examination, MER Form, and MEC are detailed in the tables below.³

ME Annual Burden Hours and Salary Costs to Complete, Document, and File MER Form

Hourly wage of ME	Number of drivers examined	Time to complete, document, and file MER Form	Annual hours to complete, document, and file MER Form	Annual salary cost for ME to complete, document, and file MER Form
\$101.76	4,276,100	20 minutes	1,425,000	\$145,005,999

ME Annual Burden Hours and Salary Costs to Complete and Furnish a copy of MEC to the Driver Examined

Hourly wage of ME	Number of MECs issued	Time to complete and furnish MEC to the driver	Annual hours to complete and furnish MEC to the driver	Annual salary cost for ME to complete and furnish MEC to the driver
\$101.76	4,276,100	1 minute	71,270	\$7,252,335

CMV Driver Annual Burden Hours and Salary Costs to Complete the Health History Section of the MER Form

Hourly wage of CMV driver	Number of drivers examined	Time to complete health history section of MER Form	Annual hours for drivers to complete health history section of MER Form	Annual salary costs for drivers to complete health history section of MER Form
\$30.99	4,276,100	5 minutes	356,340	\$11,041,449

Motor Carrier Administrative Personnel Annual Burden Hours and Salary Costs to File the MEC in the DQ record

Hourly wage of administrative personnel	Number of MECs issued	Time to file MEC in DQ record	Annual hours for motor carrier administrative personnel to file	Annual salary costs for motor carrier administrative
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³ For any of the tables in this section, table detail may not add to total due to independent rounding.

			MEC in DQ record	personnel to file MEC in DQ record
\$24.56	4,276,100	1 minute	71,000	\$1,743,557

Total Annual Burden Hours for MER Form and MEC

Annual hours to complete, document, and file MER Form	Annual hours to complete and furnish MEC to driver	Annual hours for drivers to complete health history section of MER Form	Annual hours for motor carrier administrative personnel to file MEC in DQ record	Total annual burden hours
1,425,000	71,270	356,340	71,000	1,923,610

Total Annual Salary Costs for MER Form and MEC

Annual salary costs for MEs	Annual salary costs for CMV drivers	Annual salary costs for motor carrier administrative personnel	Total annual salary costs
\$152,258,334	\$11,041,449	\$1,743,557	\$165,043,341

IC-1 Annual Burden Hours: 1,923,610 [(4,276,100 drivers x 20 minutes/60 minutes) + (4,276,100 MECs x 1 minute/60 minutes) + (4,276,100 drivers x 5 minutes/60 minutes) + 4,276,100 MECs x 1 minute/60 minutes]

IC-1 Annual Number of Respondents: 4,884,696 (4,276,100 drivers + 65,535 MEs⁴ + 543,061 motor carrier administrative personnel⁵)

IC-1 Annual Number of Responses: 17,104,400 (4,276,100 health history + 4,276,100 MER Forms + 4,276,100 MECs issued + 4,276,100 MECs filed)

IC-2: Resolution of Medical Conflict

The FMCSRs require motor carriers to complete the following 2 tasks. Time burdens for each task are provided in the tables below.

Motor Carrier Tasks

Task	Time to Complete Task
Submit application to FMCSA for resolution (3 cases per year)	1 hour
Attend a hearing if FMCSA deems necessary (1 hearing per year)	8 hours

⁴Number of certified MEs listed on the National Registry as of June 1, 2019.

⁵Estimated number of motor carriers for 2017 based on FMCSA 2018 Pocket Guide to Large Truck and Bus Statistics.

The motor carrier would generally submit the application to FMCSA for a resolution of medical conflict, and would attend a hearing if FMCSA deems it necessary to hold a hearing. The motor carrier would need approximately 1 hour to prepare paperwork for each case and an additional 8 hours to attend any hearing. There are about 3 cases per year submitted to FMCSA for resolution of conflicting medical opinions. One of every 3 cases is sent to a hearing before an Administrative Law Judge. The total annual time and cost burdens to respondents for the resolution of medical conflicts are detailed in the tables below.

Motor Carrier Annual Burden Hours and Salary Costs to Submit Application to FMCSA for Resolution of Medical Conflict

Average hourly wage of motor carrier staff	Number of applications per year	Time to submit application	Annual hours for application submission	Annual salary cost for application submission
\$27.06	3	1 hour	3	\$81

Motor Carrier Annual Burden Hours and Salary Costs to Attend Hearing if FMCSA Deems Necessary

Average hourly wage of motor carrier staff	Number of hearings per year	Time to attend hearing	Annual hours for attending hearings	Annual salary cost for attending hearings
\$27.06	1	8 hours	8	\$216

Total Annual Burden Hours for Resolution of Medical Conflict

Annual hours for application submission	Annual hours for attending hearings	Total annual burden hours
3	8	11

Total Annual Salary Costs for Resolution of Medical Conflict

Annual salary costs for application	Annual salary costs for attending hearings	Total annual salary costs
\$81	\$216	\$298

IC-2 Annual Burden Hours: 11 hours [(3 applications x 1 hour) + (1 application x 8 hours)]

IC-2 Annual Number of Respondents: 3 (3 applications)

IC-2 Annual Number of Responses: 3

IC-3 Exemptions

IC-3a: Vision Exemption Program

The Vision Exemption Program requires drivers and motor carriers to complete the following 3 tasks. Time burdens for each task are provided in the tables below.

Driver Tasks

Task	Time to Complete Task
Complete application for new vision exemption	1 hour
Complete application for vision exemption renewal	1 hour

Motor Carrier Task

Task	Time to Complete Task
Copy and file exemption in DQ file	1 minute

There are approximately 1,048 new applications for vision exemptions submitted annually, and it takes approximately 1 hour for a driver to complete the application.⁶ There are approximately 1,165 renewal applications for vision exemptions submitted annually, and it takes approximately 1 hour for a driver to complete the application. It takes an estimated 1 minute for motor carrier administrative personnel to make a copy of the exemption certificate and file it in the driver qualification record. There are approximately 1,360 vision exemptions issued each year. The total annual time and cost burdens to respondents for the Vision Exemption Program are detailed in the tables below.

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for New Vision Exemption

Average hourly wage of CMV Driver	Number of new vision exemption applications per year	Time to complete new vision exemption application	Annual hours to complete new vision exemption application	Annual salary costs to complete new vision exemption application
\$30.99	1,048	1 hour	1,048	\$32,473

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for Renewal Vision Exemption

Average hourly wage of CMV Driver	Number of renewal vision exemption applications per year	Time to complete renewal vision exemption application	Annual hours to complete renewal vision exemption application	Annual salary costs to complete renewal vision exemption application
\$30.99	1,165	1 hour	1,165	\$36,098

Motor Carrier Annual Burden Hours and Salary Costs to Copy and File Vision Exemption in DQ Record

Average hourly wage for Motor Carrier Administrative Personnel	Total number of exemptions to file per year	Time to complete copy and file vision exemption	Annual hours for filing a copy of vision exemption in DQ record	Annual salary costs for filing a copy of vision exemption in DQ record
\$24.56	1,360	1	23	\$565

⁶Data reported by FMCSA contractor for Vision Exemption Program, July 2019.

Total Annual Burden Hours for Vision Exemptions

Annual hours for drivers to complete new vision exemption application	Annual hours for drivers to complete renewal vision exemption application	Annual hours for motor carrier administrative personnel to copy and file exemption	Total annual burden hours for vision exemption
1,048	1,165	23	2,236

Total Annual Salary costs for Vision Exemptions

Annual salary costs for drivers to complete new vision exemption application	Annual salary costs for drivers to complete renewal vision exemption application	Annual salary costs for motor carrier administrative personnel to copy and file exemption	Total annual salary costs
\$32,473	\$36,098	\$565	\$69,136

IC-3a Annual Burden Hours: 2,236 hours [(1,048 new applications x 1 hour) + (1,165 renewal applications x 1 hour) + (1,360 exemptions x 1 minute/60 minutes)]

IC-3a Annual Number of Respondents: 3,573 (2,213 drivers + 1,360 motor carriers)

IC-3a Annual Number of Responses: 3,573 (2,213 applications + 1,360 exemptions)

IC-3b: Hearing Exemptions

Drivers and motor carriers must complete the following 3 tasks associated with hearing exemptions. Time burdens for each task are provided in the tables below.

Driver Tasks

Task	Time to Complete Task
Complete application for new hearing exemption	15 minutes
Complete application for renewal hearing exemption	15 minutes

Motor Carrier Task

Task	Time to Complete Task
Copy and file exemption in DQ file	1 minute

There are approximately 255 new applications for hearing exemptions filed annually,⁷ and it takes approximately 15 minutes for a driver to complete the application. An exemption is valid for 2 years, but may be renewed. There are approximately 163 renewal applications filed annually, and it takes approximately 15 minutes for a driver to complete the application. It takes an estimated 1 minute for the motor carrier administrative personnel to make a copy of the exemption certificate and file it in the DQ record. There are approximately 255 hearing exemptions issued each year. The total annual time and cost burdens to respondents for hearing exemptions are detailed in the tables below.

⁷Data reported by the Medical Programs Division, Program Manager, June 2019.

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for New Hearing Exemption

Average hourly wage of CMV driver	Number of new hearing exemption applications per year	Time to complete hearing exemption application	Annual hours to complete new hearing exemption application	Annual salary costs to complete new hearing exemption application
\$30.99	255	15 minutes	64	\$1,983

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for Renewal Hearing Exemption

Average hourly wage of CMV driver	Number of renewal hearing exemption applications per year	Time to complete hearing exemption application	Annual hours to complete new hearing exemption application	Annual salary costs to complete new hearing exemption application
\$30.99	163	15 minutes	41	\$1,270

Motor Carrier Annual Burden Hours and Salary Costs to Copy and File Hearing Exemption in DQ Record

Average hourly wage for motor carrier administrative personnel	Total number of hearing exemptions to file per year	Time to copy and file hearing exemption	Annual hours for filing copy of hearing exemption in the DQ record	Annual salary costs for filing copy of hearing exemption in the DQ record
\$24.56	255	1 minute	4	\$98

Total Annual Burden Hours for Hearing Exemptions

Annual hours for drivers to complete new hearing exemption application	Annual hours for drivers to complete renewal hearing exemption application	Annual hours for motor carrier administrative personnel to copy and file hearing exemptions	Total annual burden hours for hearing exemptions
64	41	4	109

Total Annual Salary costs for Hearing Exemptions

Annual Salary costs for drivers to complete new hearing exemption application	Annual Salary costs for drivers to complete renewal hearing exemption application	Annual salary costs for motor carrier administrative personnel to copy and file hearing exemptions	Total annual salary costs
\$1,983	\$1,270	\$98	\$3,351

IC-3b Annual Burden Hours: 109 hours [(225 new applications x 15 minutes/60 minutes) + (163 renewal applications x 15 minutes/60 minutes) + (225 exemptions x 1 minute/60 minutes)]

IC-3b Annual Number of Respondents: 673 (418 drivers + 255 motor carriers)

IC-3b Annual Number of Responses: 673 (418 applications + 255 exemptions)

IC-3c: Seizure Exemptions

Drivers and motor carriers must complete the following 3 tasks associated with seizure exemptions. Time burdens for each task are provided in the tables below.

Driver Tasks

Task	Minutes to Complete Task
Complete application for new seizure exemption	30
Complete application for renewal seizure exemption	30

Motor Carrier Task

Task	Minutes to Complete Task
Copy and file exemption in DQ file	1

There are approximately 261 new applications for seizure exemptions filed annually,⁸ and it takes approximately 30 minutes for a driver to complete the application. An exemption is valid for 2 years, but may be renewed. There are approximately 102 renewal applications filed annually, and it takes approximately 30 minutes for the driver to complete the application. It takes an estimated 1 minute for the motor carrier administrative personnel to make a copy of the exemption certificate and file it in the DQ record. There are approximately 140 seizure exemptions issued each year. The total annual time and cost burdens to respondents for seizure exemptions are detailed in the tables below.

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for New Seizure Exemption

Average hourly wage of CMV driver	Number of new seizure exemption applications per year	Time to complete seizure exemption application	Annual hours to complete new seizure exemption application	Annual salary costs to complete new seizure exemption application
\$30.99	261	30 minutes	131	\$4,059

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for Renewal Seizure Exemption

Average hourly wage of CMV driver	Number of renewal seizure exemption	Time to complete seizure exemption	Annual hours to complete new seizure	Annual salary costs to complete new seizure
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⁸Data reported by Medical Programs Division, Program Manager, June 2019.

	applications per year	application	exemption application	exemption application
\$30.99	102	30 minutes	51	\$1,580

Motor Carrier Annual Burden Hours and Salary Costs to Copy and File Seizure Exemption in DQ Record

Average hourly wage for motor carrier administrative personnel	Total number of seizure exemptions to file per year	Time to copy and file seizure exemption	Annual hours for filing copy of seizure exemption in the DQ record	Annual salary costs for filing copy of seizure exemption in the DQ record
\$24.56	140	1 minute	2	\$49

Total Annual Burden Hours for Seizure Exemptions

Annual hours for drivers to complete new seizure exemption application	Annual hours for drivers to complete renewal seizure exemption application	Annual hours for motor carrier administrative personnel to copy and file seizure exemptions	Total annual burden hours for seizure exemptions
131	51	2	184

Total Annual Salary Costs for Seizure Exemptions

Annual Salary costs for drivers to complete new seizure exemption application	Annual Salary costs for drivers to complete renewal seizure exemption application	Annual salary costs for motor carrier administrative personnel to copy and file seizure exemptions	Total annual salary costs for seizure exemptions
\$4,059	\$1,580	\$49	\$5,689

IC-3c Annual Burden Hours: 184 hours [(261 new applications x 30 minutes/60 minutes) + (102 applications x 30 minutes/60 minutes) + (140 exemptions x 1 minute/60 minutes)]

IC-3c Annual Number of Respondents: 503 (363 drivers + 140 motor carriers)

IC-3c Annual Number of Responses: 503 (363 applications + 140 exemptions)

IC-3 Total Annual Burden Hours: 2,529 hours (2,236 + 109 + 184)

IC-3 Total Annual Number of Respondents: 4,749 (3,573 + 673 + 503)

IC-3 Total Annual Number of Responses: 4,749 (3,753 + 673 + 503)

IC-4: Skill Performance Evaluation (SPE) Certificate Program

The SPE Certificate program requires drivers and motor carriers to complete the following 4 tasks. Time burdens for each task are provided in the tables below.

Driver Tasks

Task	Time to Complete Task
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Complete application for new SPE Certificate	2 hours
Complete application for SPE Certificate renewal	2 hours
Provide copy of MER Form and MEC to FMCSA	2 minutes

Motor Carrier Task

Task	Time to Complete Task
Copy and file SPE Certificate in DQ record	1 minute

There are approximately 378 new SPE certificate applications each year. It takes a driver approximately 2 hours to complete the application for a new SPE certificate. An SPE certificate is valid for 2 years. There are approximately 993 SPE certificate renewal applications each year. It takes a driver approximately 2 hours to complete the application for a renewal SPE certificate. In addition, it takes the driver approximately an additional 2 minutes to provide FMCSA with a copy of the MER Form and MEC. There are approximately 1,196 SPE certificates issued each year. It takes approximately 1 minute for the motor carrier to make a copy of the SPE certificate and file it in the DQ record. The total annual time and cost burdens to respondents for the SPE certificate program are detailed in the tables below.

CMV Driver Annual Burden Hours and Salary Costs to Complete Application for New SPE Certificate

Average hourly wage of CMV driver	Number of new SPE applications per year	Time to complete new SPE application	Annual hours to complete new SPE application	Annual salary costs to complete new SPE application
\$30.99	378	2 hours	756	\$23,425

CMV Driver Annual Burden Hours and Salary Costs Complete Application for Renewal SPE Certificate

Average hourly wage of CMV driver	Number of renewal applications per year	Time to complete SPE renewal application	Annual hours to complete SPE renewal application	Annual salary costs to complete SPE renewal application
\$30.99	993	2 hours	1,986	\$61,538

CMV Driver Annual Burden Hours and Salary Costs to Provide MER Form and MEC with SPE Certificate Application

Hourly wage of CMV driver	Number of SPE applications per year	Time to provide MER Form and MEC to FMCSA	Annual hours to provide MER Form and MEC to FMCSA	Annual salary costs for CMV Driver to provide MER Form and MEC to FMCSA
\$30.99	1,371	2 minutes	46	\$1,416

Motor Carrier Annual Burden Hours and Salary Costs to Copy and file SPE Certificate in DQ Record

Average hourly	Total number of	Tine to copy and	Annual hours	Annual salary
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wage for motor carrier administrative personnel	SPE certificates	file SPE certificate	for copying and filing SPE certificate in the DQ record	costs for copying and filing SPE certificate in the DQ record
\$24.56	1,196	1 minute	20	\$491

Total Annual Burden Hours for SPE Certificate Program

Annual hours for driver to complete new and renewal SPE applications	Annual hours to provide MER Form and MEC to FMCSA	Annual hours for motor carrier administrative personnel to copy and file SPE certificate	Total annual burden hours
2,742	46	20	2,808

Total Annual Salary costs for SPE Certificate Program

Annual salary costs for driver to apply for new or renewal SPE certificate	Annual salary costs for driver to provide MER/MEC to FMCSA	Annual salary costs for motor carrier to copy and file the SPE certificate in the DQ record	Total annual salary costs
\$84,963	\$1,416	\$491	\$86,870

IC-4 Annual Burden Hours: 2,808 hours [(378 new applications x 2 hours) + (993 renewal applications x 2 hours) + (1,371 applications x 2 minutes/60 minutes) + (1,196 SPE certificates x 1 minute/60 minutes)]

IC-4 Annual Number of Respondents: 2,567 (1,371 drivers + 1,196 motor carriers)

IC-4 Annual Number of Responses: 2,567 (1,371 applications + 1,196 SPE certificates)

IC-5: National Registry of Certified Medical Examiners

IC-5a: National Registry of Certified Medical Examiners – Registering and Testing

The registration and testing process of the National Registry requires MEs and testing organizations to complete the following tasks. Time burdens for each task are provided in the tables below.

ME Tasks

Task	Minutes to Complete Task
Read the prerequisite requirements and provide medical license issue state and medical profession	2
Provide employer and primary practice address and contact information	3
Provide medical license, certificate, or registration number and expiration date	1
Read the IT Rules of Behavior and check accept	2
Read the National Registry Terms of Use and check accept	2
Provide pre-medical examiner certification test training provider and accreditation details	3
Review all submitted information and select submit	2

National Registry submission confirmation, no action	0
Total time to provide registration information	15

Testing Organization Task

Task	Minutes to Complete Task
Upload ME test results to FMCSA	5

Currently there are 65,535 certified MEs listed on the National Registry.⁹ On average, 15,139 healthcare professionals register each year to become certified MEs. It takes approximately 15 minutes for a ME candidate to register on the National Registry website. Currently, 2 national private-sector testing organizations deliver the FMCSA ME certification test to an average 10,708 ME candidates annually. The testing organizations have reported that there are 1,000 testing centers. It takes private-sector testing organization personnel approximately 5 minutes to collect and upload to FMCSA data and test results. The total annual time and cost burdens to respondents for the registration and testing to become a certified ME are detailed in the tables below.

ME Annual Burden Hours and Salary Costs to Provide Registration Information

Hourly wage of ME	Average number of MEs registering per year	Time to complete registration	Annual hours for MEs to provide registration information to NR	Annual salary costs for MEs to provide registration information to NR
\$101.76	15,139	15 minutes	3,785	\$385.156

Testing Organization Annual Burden Hours and Salary Costs to Upload ME Test Results to FMCSA

Hourly wage of data entry personnel	Average number of tests uploaded per year	Time to upload test results	Annual hours to upload test results	Annual salary for data entry personnel to upload test results
\$23.21	10,708	5 minutes	892	\$20,707

Total Annual Burden Hours for Registration and Uploading Test Results

Annual hours for MEs to provide registration information to NR	Annual hours to upload test results	Total annual burden hours
3,785	892	4,677

Total Annual Salary costs for Registration and Uploading Test Results

Annual salary costs for MEs to provide registration information to NR	Annual salary costs for data entry personnel to upload test results	Total annual salary costs
\$385,156	\$20,707	\$405,863

IC-5a Annual Burden Hours: 4,677 hours [(15,139 MEs x 15 minutes/60 minutes) + (10,708 MEs x 5 minutes/60 minutes)]

⁹ Current data from National Registry on June 1, 2019.

IC-5a Annual Number of Respondents: 15,139 (15,139 MEs)

IC-5a Annual Number of Responses: 25,847 (15,139 registrations + 10,708 tests uploaded)

IC-5b: National Registry of Certified Medical Examiners - CMV Driver Medical Examination Results

As a result of the National Registry final rule, the FMCSRs require administrative personnel of certified MEs to complete the following 3 tasks. Time burdens for each task are provided in the tables below.

Certified ME Administrative Personnel Tasks

Task	Minutes to Complete Task
Enter results of driver examinations on MCSA-5850 and transmit MCSA-5850 (MEC information) to FMCSA	2
File MEC	0.5
Provide copy of MEC to motor carrier	1

FMCSA estimates that respondents will provide CMV driver examination data for 4,276,100 examinations conducted and will file 4,276,100 MECs annually. It is estimated that it will take ME administrative personnel 2 minutes to enter and transmit the driver’s examination results to FMCSA, through the National Registry, via the MCSA-5850. It is estimated that it will take ME administrative personnel 30 seconds to file the MEC. In addition, FMCSA estimates that half of the motor carriers request a copy of the MEC and it takes administrative personnel 1 minute to provide a copy of the MEC to a motor carrier. The total annual time and cost burdens to respondents for reporting CMV driver medical examination results are detailed in the tables below.

Certified ME Administrative Personnel Annual Burden Hours and Salary Costs to Enter and Transmit Results via the MCSA-5850

Hourly wage of administrative personnel	Number of MCSA-5850s to enter and transmit per year	Time to enter and transmit results via MCSA-5850	Annual hours to enter and transmit results via MCSA-5850	Annual costs to enter and transmit results via MCSA-5850
\$24.97	4,276,100	2 minutes	142,537	\$3,559,353

Certified ME Administrative Personnel Annual Burden Hours and Salary Costs to File MEC

Hourly wage of administrative personnel	Number of MECs filed	Time to file MEC	Annual hours to file MECs	Annual costs to file MECs
\$24.97	4,276,100	30 seconds	35,634	\$889,832

Certified ME Administrative Personnel Annual Burden Hours and Salary Costs to Provide Copy of MEC to Motor Carrier

Hourly wage of	Number of times	Time to provide	Annual hours	Annual costs to
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administrative personnel	per year MEC is provided to motor carrier	MEC to motor carrier	to provide MEC to motor carrier	provide MEC to motor carrier
\$24.97	2,138,050	1 minute	35,634	\$889,832

Total Annual Burden Hours for Reporting CMV Driver Medical Examination Results

Annual hours to enter and transmit results via MCSA-5850	Annual hours to file MECs	Annual hours to provide MECs to motor carrier	Total annual burden hours
142,537	35,634	35,634	213,805

Total Annual Salary costs for Reporting CMV Driver Medical Examination Results

Annual costs to enter and transmit results via MCSA-5850	Annual costs to file MECs	Annual costs to provide MECs to motor carrier	Total annual salary costs
\$3,559,353	\$889,832	\$889,832	\$5,339,016

IC-5b Annual Burden Hours: 213,805 [(4,276,100 MCSA-5850s x 2 minutes/60 minutes) + (4,276,100 MECs x 30 seconds/3600 seconds) + (2,138,050 MECs x 1 minute/60 minutes)]

IC-5b Annual Number of Respondents: 65,535 (65,535 ME administrative personnel)¹⁰

IC-5b Annual Number of Responses: 10,690,250 (4,276,100 MCSA-5850s + 4,276,100 MECs + 2,138,050 MECs to motor carrier)

IC-5c: National Registry of Certified Medical Examiners - Providing Medical Examination Reports to FMCSA Upon Request

As a result of the National Registry final rule, FMCSA periodically requires administrative personnel of certified MEs to complete the following task upon request. Time burden for the task is provided in the table below.

ME Administrative Personnel Task

Task	Minutes to Complete Task
Provide copies of MER Forms to FMCSA upon request	5

FMCSA estimates that authorized representatives of FMCSA will request MEs to provide copies of the MER Form 1,000 times a year. It is estimated that it will take ME administrative personnel 5 minutes to provide the MER Form to FMCSA upon request. The total annual time and cost burdens to respondents for reporting providing MER Forms to FMCSA upon request are detailed in the table below.

Certified ME Administrative Personnel Annual Burden Hours and Salary Costs to Provide MER Forms to FMCSA upon Request

Hourly wage of	Number of	Time to	Annual hours to	Annual salary costs for
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¹⁰Number of certified MEs listed on the National Registry as of June 1, 2019.

ME administrative personnel	MER Forms requested per year	provide MER Form to FMCSA	provide MER Forms to FMCSA	ME administrative personnel to provide MER forms to FMCSA
\$24.97	1,000	5 minutes	83	\$2,073

IC-5c Annual Burden Hours: 83 hours (1,000 MER Forms x 5 minutes/60 minutes)
IC-5c Annual Number of Respondents: 65,535 (65,535 ME administrative personnel)
IC-5c Annual Number of Responses: 1,000 (1,000 MER Forms)

IC-5d: National Registry of Certified Medical Examiners - Verification of National Registry Number

The National Registry final rule requires administrative personnel of motor carriers to complete the following task. Time burden for the task is provided in the table below.

Motor Carrier Task

Task	Minutes to Complete Task
Verify National Registry number, write a note regarding the verification, file note in DQ record	4

FMCSA estimates motor carriers will verify the National Registry number for 4,276,100 drivers per year who are medically certified. It is estimated it will take motor carrier administrative personnel 4 minutes to verify the National Registry number, write a note regarding the verification, and file the note in the DQ record. The total annual time and cost burdens to respondents for verification of the National Registry number are detailed in the table below.

Motor Carrier Administrative Personnel Annual Burden Hours and Salary Costs to Verify National Registry Number, Write a Note Regarding Verification, and File Note in DQ Record

Hourly Wage	Number of Verifications	Time per Verification	Annual Hours	Annual Salary Costs
\$24.56	4,276,100	4 minutes	285,073	\$7,000,578

IC-5d Annual Burden Hours: 285,073 hours (4,276,100 verifications x 4 minutes/60 minutes)
IC-5d Annual Number of Respondents: 543,061 (543,061 motor carrier administrative personnel)
IC-5d Annual Number of Responses: 4,276,100 (4,276,100 verifications)

IC-5 Total Annual Burden Hours: 503,638 hours (4,677 + 213,850 + 83 + 285,073)
IC-5 Total Annual Number of Respondents: 689,270 (15,139 + 65,535 + 65,535 + 543,061)
IC-5 Total Annual Number of Responses: 14,993,197 (25,847 + 10,690,250 + 1,000 + 4,276,100)

IC-6: Medical Examiner’s Certification Integration Final Rule

As discussed above, FMCSA extended the compliance date for several of the provisions in the *Medical Examiner’s Certification Integration* final rule to June 22, 2021. Because the final rule amended existing regulatory requirements, the associated paperwork burden for the provisions implemented is accounted for in the original information collections.

Beginning on June 22, 2021, MEs will no longer be required to complete and furnish the original written MEC (IC-1) to qualified drivers when the driver is a CDL/CLP holder. This information will be electronically transmitted to the SDLA. Employers will no longer need to request a copy of the handwritten MEC for CDL/CLP holders (IC-5b). In addition, employers will no longer be required to verify the ME’s National Registry number (IC-5d) for MECs issued to CDL/CLP holders because only certified MEs listed on the National Registry will be able to forward MEC information to the National Registry. Therefore, there will be a net reduction in the information collection requirements defined in the *Medical Examiner’s Certification Integration* final rule beginning on June 22, 2021. IC-6a, IC-6b, and IC-6c below provide details of the reduction in annual burden hours and costs.

Population of CMV Drivers for Written MEC (Completing and Providing a Copy to Driver)

Baseline	Exams every 2 years – ½ of that population	Adjustment for out-of-cycle exams	Drivers receiving MECs annually
1,900,000 ¹¹	950,000	40.20%	1,331,900

IC-6a: Medical Examiner’s Certification Integration Final Rule – Written MEC for Non-CDL/CLP Holders (changes to IC-1)

The *Medical Examiner’s Certification Integration* final rule requires the ME to complete the following task. The time burden for this task is provided in the table below.

ME Task to Complete and Furnish Copy of MEC to Driver Examined

Task	Minutes to Complete Task
Complete and furnish one copy of MEC to non-CDL/CLP driver	1

IC-1 prior to June 22, 2021

Annual burden hours and costs prior to June 22, 2021 are described in IC-1 of Section 12.

IC-1 beginning June 22, 2021

116,100,000 CMV drivers - 3,200,000 interstate CDL drivers - 1,000,000 intrastate CDL drivers = 1,900,000.

Beginning June 22, 2021, the total burden hours (1,923,610 to 1,874,538), responses (17,104,400 to 14,160,200), and costs (\$165,043,341 to \$160,049,843) in IC-1 will be reduced based on a change in the number of written MECs issued as shown below.

ME Annual Burden Hours and Salary Costs to Complete and Furnish Copy of Written MEC to Driver Examined

Hourly wage of ME	Number of written MECs issued	Time to complete and furnish copy of MEC to driver	Annual hours to complete and furnish copy of MEC to driver	Annual salary costs for ME to complete and furnish copy of MEC to driver
\$101.76	1,331,900	1 minute	22,198	\$2,258,837

Total Annual Burden Hours for MER Form and MEC

Annual hours to complete, document, and file MER Form	Annual hours to complete and furnish copy of MEC to driver	Annual hours for drivers to complete health history section of MER Form	Annual hours for motor carrier administrative personnel to file MEC in DQ record	Total annual burden hours
1,425,000	22,198	356,340	71,000	1,874,538

Total Annual Salary Costs for MER Form and MEC

Annual salary costs for MEs	Annual salary costs for CMV drivers	Annual salary costs for motor carrier administrative personnel	Total annual salary costs
\$147,264,836	\$11,041,449	\$1,743,557	\$160,049,843

Therefore, the totals for all tasks in IC-1 beginning on June 22, 2021 are as follows:

IC-1 Annual Burden Hours: 1,874,538 (1,425,000 + 22,198 + 356,340 + 71,000)

IC-1 Annual Number of Respondents: 4,884,696 (4,276,100 drivers + 65,535 MEs¹² + 543,061 motor carrier administrative personnel¹³)

IC-1 Annual Number of Responses: 14,160,200 (4,276,100 driver section of MER Forms + 4,276,100 ME completes MER Forms + 1,331,900 MECs issued + 4,276,100 MECs filed)

IC-1 (3-year average pertaining to written MECs for non CDL/CLP holders only)

The table below shows a 3-year average for the task of providing a written MEC to non-CDL/CLP holders since there are different annual burden hours, responses, and costs during the 3 years of this ICR for this task.

¹²Number of certified MEs listed on the National Registry as of June 2019.

¹³Estimated number of motor carriers for 2017 based on FMCSA 2018 Pocket Guide to Large Truck and Bus Statistics.

Average Number of MECs Issued, Burden Hours, and Costs

Component	Year 1 (prior to 6/22/21)	Year 2	Year 3	Total	Average Annual
Number of written MECs issued by ME	4,276,100	1,331,900	1,331,900	6,939,900	2,313,300
Burden hours for MEs to complete and furnish MEC to the driver	71,270	22,198	22,198	115,660	38,555
Salary costs for MEs to complete and furnish MEC to the driver	\$7,252,335	\$2,258,837	\$2,258,837	\$11,770,009	\$3,923,336

Therefore, the totals for all tasks in IC-1 using the 3-year averages for providing a written MEC to the driver are as follows:

IC-1 Annual Burden Hours: 1,890,895 (1,425,000 + 38,555 + 356,340 + 71,000)

IC-1 Annual Number of Respondents: 4,884,696¹⁴ (4,276,100 drivers + 65,535 MEs¹⁵ + 543,061 motor carrier administrative personnel¹⁶)

IC-1 Annual Number of Responses: 15,141,600 (4,276,100 + 4,276,100 + 2,313,300 + 4,276,100)

IC-6b: Medical Examiner’s Certification Integration Final Rule – Motor Carrier Request for Copy of Written MEC for Non-CDL/CLP Holders (changes to IC-5b)

The *Medical Examiner’s Certification Integration* final rule requires administrative personnel of certified MEs to complete the following task. The time burden for the task is provided in the table below.

Certified ME Administrative Personnel Tasks

Task	Minutes to Complete Task
Provide copy of written MEC to motor carrier	1

Beginning June 22, 2021, FMCSA will be transmitting medical certification information to the SDLAs from the National Registry. Therefore, the number of written MECs is reduced to only non-CDL holders. FMCSA estimates that half of the motor carriers for non-CDL holders (1,331,900/2 = 665,950) receiving a written MEC annually will request a copy of the written MEC, and that it takes administrative personnel 1 minute to provide a copy of the written MEC to the motor carrier. The changes in the total annual time and cost burdens to respondents for providing a copy of the written MEC to the motor carrier are detailed in the tables below.

IC-5b prior to June 22, 2021

¹⁴ Number of respondents remains unchanged.

¹⁵ Number of certified MEs listed on the National Registry as of June 1, 2019.

¹⁶ Estimated number of motor carriers for 2017 based on FMCSA 2018 Pocket Guide to Large Truck and Bus Statistics.

Annual burden hours and costs prior to June 22, 2021 are described in IC-5b of Section 12.

IC-5b beginning June 22, 2021

Beginning June 22, 2021, the burden hours (213,805 to 189,270), responses (10,690,250 to 9,218,150), and costs (\$5,339,016 to \$4,276,342) will be reduced based on a change in the number of times per year a copy of the written MEC is provided to a motor carrier as shown below.

Certified ME Administrative Personnel Annual Burden Hours and Salary Costs to Provide Copy of MEC to Motor Carrier

Hourly wage of administrative personnel	Number of times per year MEC is provided to motor carrier	Time to provide MEC to motor carrier	Annual hours to provide MEC to motor carrier	Annual salary costs to provide MEC to motor carrier
\$24.97	665,950	1 minute	11,099	\$277,158

Total Annual Burden Hours for Reporting CMV Driver Medical Examination Results

Annual hours to enter and transmit results via MCSA-5850	Annual hours to file MECs	Annual hours to provide MECs to motor carrier	Total annual burden hours
142,537	35,634	11,099	189,270

Total Annual Salary costs for Reporting CMV Driver Medical Examination Results

Annual costs to enter and transmit results via MCSA-5850	Annual costs to file MECs	Annual costs to provide MECs to motor carrier	Total annual salary costs
\$3,559,353	\$889,832	\$277,158	\$4,276,342

Therefore, the totals for all tasks in IC-5b beginning on June 22, 2021 are as follows:

IC-5b Annual Burden Hours: 189,270 (142,537 + 35,634 + 11,099)

IC-5b Annual Number of Respondents: 65,535 (65,535 ME administrative personnel)¹⁷

IC-5b Annual Number of Responses: 9,218,150 (4,276,100 MCSA-5850s + 4,276,100 MECs + 665,950 MECs to motor carrier)

IC-5b (3-year average for providing the motor carrier with a copy of the written MEC)

The table below shows a 3-year average for the number of times a copy of the written MEC is provided to the motor carrier since there are different annual burden hours, responses, and costs during the 3 years of this ICR for this task.

Average Burden and Costs for Providing the Motor Carrier with a Copy of the Written MEC

¹⁷Number of certified MEs listed on the National Registry as of June 1, 2019.

Component	Year 1 (prior to 6/22/21)	Year 2	Year 3	Total	Average
Number of responses	2,138,050	665,950	665,950	3,469,950	1,156,650
Burden hours	35,634	11,099	11,099	57,832	19,277
Salary costs	\$889,832	\$277,158	\$277,158	\$1,444,148	\$481,383

Therefore, the totals for all tasks in IC-5b using the 3-year averages for providing a copy of the written MEC to the motor carrier are as follows:

IC-5b Annual Burden Hours: 197,448 hours (142,537 + 35,634 + 19,277)

IC-5b Annual Number of Respondents: 65,535 (65,535 ME administrative personnel)

IC-5b Annual Number of Responses: 9,708,850 (4,276,000 + 4,276,100 + 1,156,650)

IC-6c: Medical Examiner’s Certification Integration Final Rule – Verification of National Registry Number (changes to IC-5d)

The *Medical Examiner’s Certification Integration* final rule requires administrative personnel of motor carriers to complete 1 task. The time burden for the task is provided in the table below.

Motor Carrier Administrative Personnel Task

Task	Minutes to Complete Task
Verify National Registry number, write a note regarding verification, file note in DQ record	4

Beginning June 22, 2021, FMCSA will be providing medical certification information to the SDLAs from only those MEs who are certified and listed on the National Registry. Therefore, verification of the ME’s National Registry number will not be required for CDL/CLP drivers. FMCSA estimates that motor carriers will need to verify the National Registry number for 1,331,900 non-CDL/CLP drivers who are medically certified per year. It is estimated that it will take the motor carrier administrative personnel 4 minutes to verify the National Registry number, write a note regarding the verification, and file the note in the DQ record. The changes in the total annual time and cost burdens to respondents for verifying the National Registry number are detailed in the tables below.

IC-5d prior to June 22, 2021

Annual burden hours and costs prior to June 22, 2021 are described in IC-5d of Section 12.

IC-5d beginning June 22, 2021

Beginning June 22, 2021, the burden hours (285,073 to 88,793), responses (4,276,100 to 1,331,900), and costs (\$7,000,578 to \$2,180,502) will be reduced based on a change in the number of times the National Registry number will need to be verified by the motor carrier as shown below.

Motor Carrier Administrative Personnel Annual Burden Hours and Salary Costs to Verify National Registry Number, Write Note Regarding Verification, and File Note in DQ Record

Hourly wage rate	Number of responses	Time per response	Annual hours	Annual salary costs
\$24.56	1,331,900	4 minutes	88,793	\$2,180,502

Therefore, the totals for all tasks in IC-5d beginning June 22, 2021 are as follows:

IC-5d Annual Burden Hours: 88,793 hours (1,331,900 verifications x 4 minutes/60 minutes)

IC-5d Annual Number of Respondents: 543,061 (543,061 motor carrier administrative personnel)

IC-5d Annual Number of Responses: 1,331,900 (1,331,900 verifications)

IC-5d (3-year average for verification of the National Registry number)

The table below shows a 3-year average for motor carrier administrative personnel to verify the National Registry number, write a note regarding verification, and file the note in the DQ record since there are different annual burden hours, responses, and costs during the 3 years of this ICR for these tasks.

Average Burden and Costs for Verification of the National Registry Number

Component	Year 1 (prior to 6/22/21)	Year 2	Year 3	Total	Average
Number of responses	4,276,100	1,331,900	1,331,900	6,939,900	2,313,300
Burden hours	285,073	88,793	88,793	462,659	154,220
Salary costs	\$7,000,578	\$2,180,502	\$2,180,502	\$11,361,582	\$3,787,194

Therefore, the totals for all tasks in IC-5d using the 3-year averages for verification of the National Registry number are as follows:

IC-5d Annual Burden Hours: 154,220 hours (2,313,300 verifications x 4 minutes/60 minutes)

IC-5d Annual Number of Respondents: 543,061 (543,061 motor carrier administrative personnel)

IC-5d Annual Number of Responses: 2,313,300 (2,313,300 verifications)

IC-7: Qualifications of Drivers; Diabetes Standard

Population of CMV Drivers with ITDM Seeking Qualification

Drivers Receiving Completed Form from TC Annually
4,906 ¹⁸

The *Qualifications of Drivers; Diabetes Standard* final rule requires the TC to complete the following task. The time burden for this task is provided in the table below.

TC Task	
Task	Minutes to Complete Task
Complete the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870	8

FMCSA estimates that the number of times per year that TCs complete the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, evaluating the health of the driver being treated for diabetes, is 4,906. The total annual time and cost burdens to respondents for this task are detailed in the table below.

TC Annual Burden Hours and Salary Costs to Complete a Form Evaluating the Health of a CMV Driver with ITDM

Hourly wage of TC	Number of forms completed	Time to complete form	Annual hours to complete forms	Annual salary costs for TC to complete forms
\$104.75	4,906	8 minutes	654	\$68,510

IC-7 Annual Burden Hours: 654 hours (4,906 drivers x 8 minutes/60 minutes)

IC-7 Annual Number of Respondents: 4,906 (4,906 TCs)

IC-7 Annual Number of Responses: 4,906 (4,906 forms)

18 Calculation based on the number of ITDM individuals that would comply with the exemption program in the absence of the final rule. This value equals the 3-year average of the sum of (1) 3,945 FMCSA active exemptions as of December 31, 2016, (2) the Agency's estimate of 934 ITDM individuals holding intrastate CDLs and exemptions issued under a State exemption program, and (3) annual growth of 27 ITDM individuals who would comply with the rule, or an exemption program, in the absence of the final rule.

CURRENT APPROVED IC ANNUAL BURDEN HOURS AND COSTS

The table below represents the current approved annual burden hours and salary and wage costs for all approved information collection activities.

Current Approved IC Annual Burden Hours

IC Activities for MEs, Drivers, and Motor Carriers	Annual Burden Hours
FMCSA Physical Qualification Standards: Medical Examination Report Form and Medical Examiner's Certificate	2,144,680
Resolution of Medical Conflict	11
Vision Exemption Program	2,236
Hearing Exemptions	109
Seizure Exemptions	184
SPE	2,808
Medical Examiner Registration	4,677
Reporting CMV Driver Medical Examination Results and filing and providing MEC to motor carriers	234,250
Providing Medical Examination Report Copies to FMCSA	83
Verification of National Registry Number	317,787
Completing form for ITDM Drivers	654
Total	2,707,479

IC-8: Qualifications of Drivers; Vision Standard

The purpose of the *Qualifications of Drivers; Vision Standard* proposed rule is to permit individuals who cannot meet either FMCSA's current distant visual acuity or field of vision standard or both in 49 CFR 391.41(b)(10) in one eye to be physically qualified to operate a CMV in interstate commerce under specified conditions. Currently, such individuals are prohibited from driving CMVs in interstate commerce unless they obtain an exemption from FMCSA, which must be renewed every 2 years. FMCSA is proposing an alternative vision standard and a two-step process for physical qualification. First, an individual seeking physical qualification would obtain a vision evaluation from an ophthalmologist or optometrist who would record the findings and provide specific medical opinions on the proposed Vision Evaluation Report, Form MCSA-5871. Next, at a physical qualification examination, a certified ME who is listed on the National Registry would consider the information provided on the vision report and exercise independent medical judgment to determine whether the individual meets the proposed vision

standard, as well as FMCSA’s other physical qualification standards. If the ME determines that the individual meets the physical qualification standards, the ME could issue an MEC, Form MCSA-5876, for a maximum of 12 months.

In effect, the Agency proposes to remove the information collection requirement for the Vision Exemption Program (IC-3a) and add a new information collection (IC-8) for the ophthalmologist or optometrist to provide the Vision Evaluation Report, Form MCSA-5871, to the ME following an evaluation of the driver.

Population of Individuals Who Cannot Meet the Distant Visual Acuity or Field of Vision Standard in One Eye

Drivers Receiving Completed Form from Ophthalmologist or Optometrist Annually
3,614 ¹⁹

The *Qualifications of Drivers; Vision Standard* proposed rule would require an ophthalmologist or optometrist to complete the following task. The time burden for this task is provided in the table below.

Ophthalmologist or Optometrist Task

Task	Time to Complete Task
Complete the Vision Evaluation Report, Form MCSA-5871	8 minutes

FMCSA estimates that the number of times per year that an ophthalmologist or optometrist would complete the Vision Evaluation Report, Form MCSA-5871, evaluating the vision of an individual who cannot meet either the current distant visual acuity or field of vision standard or both in one eye would be 3,614. The total annual time and cost burdens to respondents for this task are detailed in the table below.

Ophthalmologist or Optometrist Annual Burden Hours and Salary Costs to Complete a Vision Evaluation Report, Form MCSA-5871

Hourly wage of Ophthalmologist or Optometrist	Number of forms completed	Time to complete form	Annual hours to complete forms	Annual salary costs for Ophthalmologist or optometrist to complete forms
\$82.40	3,614	8 minutes	482	\$39,717

IC-8 Annual Burden Hours: 482 hours (3,614 drivers x 8 minutes/60 minutes)

IC-8 Annual Number of Respondents: 3,614 (3,614 ophthalmologists/optometrists)

IC-8 Annual Number of Responses: 3,614 (3,614 forms)

¹⁹ Calculation based on the number of individuals who cannot meet either the current distant visual acuity or field of vision standard or both in one eye and who hold active exemptions or would apply for an exemption in the absence of any final rule. This value equals the sum of 2,566 FMCSA active exemptions as of July 2, 2019, and 1,048 new exemption applications received on an annual basis.

As described in the table above, the *Qualifications of Drivers; Vision Standard* as provided in the proposed rule would add 482 annual burden hours and \$39,717 annual salary costs. However, eliminating the Vision Exemption Program would result in 2,236 less annual burden hours and \$69,136 less annual salary costs. Therefore, the *Qualifications of Drivers; Vision Standard* proposed rule would provide a total net decrease of 1,754 in annual burden hours and \$29,419 in salary costs.

TOTALS – INFORMATION COLLECTION TASKS FOR ALL MEDICAL QUALIFICATION REQUIREMENTS

The table below represents the proposed average annual burden hours, number of respondents, number of responses, and salary and wage costs for all approved information collection activities. It includes the addition of a proposed IC-8 for the completion of the Vision Evaluation Report, Form MCSA-5871; the elimination of the Vision Exemption Program (IC-a); updated driver population, program statistics, National Registry statistics, and wage data, and the regulatory changes associated with the *Medical Examiner’s Certification Integration* final rule.

Proposed Total Average Annual Burden for All Information Collections

IC	Name	Burden Hours	Number of Respondents	Number of Responses	Costs
IC-1	Physical Qualification Standards	1,890,895	4,884,696	15,141,600	\$161,714,342
IC-2	Resolution of Medical Conflict	11	3	3	\$298
IC-3b	Hearing Exemptions	109	673	673	\$3,351
IC-3c	Seizure Exemptions	184	503	503	\$5,689
IC-4	SPE Certificate Programs	2,808	2,567	2,567	\$86,870
IC-5a	National Registry	4,677	15,139	25,847	\$405,863
IC-5b	National Registry	197,448	65,535	9,708,850	\$4,930,568
IC-5c	National Registry	83	65,535	1,000	\$2,073
IC-5d	National Registry	154,220	543,061	2,313,300	3,787,194
IC-7	Qualifications of Drivers; Diabetes Standard	654	4,906	4,906	\$68,510
IC-8	Qualifications of Drivers; Vision Standard	482	3,614	3,614	\$39,717
Total		2,251,571	5,586,232	27,202,863	\$171,044,474

Hourly Wage Data

Driver hourly wage data used in the analysis are obtained from the Bureau of Labor Statistics (BLS) Occupational Employment Statistics and Employer Costs of Employee Compensation. The average wage for heavy truck drivers and intercity bus drivers is increased to reflect the total

costs including benefits. Wages and salaries accounted for 70.0 percent and benefits 30.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; <https://www.bls.gov/news.release/pdf/ecec.pdf>). This results in a total hourly labor cost of \$30.99.

Calculation of CMV Driver Labor Rate

Practice Area and BLS Occupational Code	Average Wage ¹	Total Labor Cost ²
Heavy and Tractor-Trailer Truck Drivers (53-3032)	\$21.91	\$31.30
Bus Drivers, Transit and Intercity (53-3021)	\$21.47	\$30.67
Average	\$21.69	\$30.99

1. Source: Bureau of Labor Statistics (BLS). 2019. May 2018 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/bls/blswage.htm>.
2. Includes benefits. Wages and salaries accounted for 70.0 percent and benefits 30.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; <https://www.bls.gov/news.release/pdf/ecec.pdf>).

The ME average hourly wage is a weighted average of hourly wages for healthcare professionals in practice areas that are eligible to apply for certification on the National Registry, aggregated to match BLS occupational categories. Medical Doctor (MD) is a one of the practice areas included in the list of MEs listed on the National Registry. This analysis assumes that this practice area includes internists and family and general practice physicians. The weighted average hourly wage for these physicians is then included in the derivation of the average hourly wage for all practice areas that encompass the National Registry. The table below shows the BLS Occupational Codes for the practice areas included in the weighted average hourly wages for MDs.

Derivation of Medical Doctor Average Wage

Practice Area and BLS Occupational Code	Number of Providers (BLS Data)	% of Total MEs	Hourly Wage	Weighted Average Wage
Internist (29-1063)	37,820	24.9%	\$94.47	\$23.51
Family, General Practice (29-1062)	114,130	75.1%	\$101.82	\$76.48
Average Hourly Wage	151,950	100.0%		\$99.99

The \$99.99 average hourly wage and population for MDs is included in the calculation of the weighted average hourly wage for all practice areas that are eligible to apply for certification and listing on the National Registry. The weighted average is based on the distribution of MEs listed on the National Registry on May 12, 2017. The table below summarizes the calculation of the weighted average wage (\$101.76).

Calculation of Medical Examiner Labor Rate

Practice Area and BLS Occupational Code	Average Wage ¹	Total Labor Cost ²	Number of Medical Examiners ³	Percent of Medical Examiners	Weighted Average Wage
Chiropractor (29-1011)	\$41.28	\$58.97	3,586	6.5%	\$3.85
MD ⁴ (29-1062 and 29-1063)	\$99.99	\$142.84	18,462	33.6%	\$47.96
Nurse Practitioner (29-1171)	\$52.90	\$75.57	18,038	32.8%	\$24.79
Occupational Therapist (29-	\$41.04	\$58.63	5	0.0%	\$0.01

Practice Area and BLS Occupational Code	Average Wage ¹	Total Labor Cost ²	Number of Medical Examiners ³	Percent of Medical Examiners	Weighted Average Wage
1121)					
Osteopath (29-1069)	\$98.02	\$140.03	4,182	7.6%	\$10.65
Physician's Assistant (29-1071)	\$52.13	\$74.47	10,709	19.5%	\$14.50
Physical Therapist (29-1123)	\$42.73	\$61.04	8	0.0%	\$0.01
Total	NA	NA	54,990	100%	\$101.76

MD = medical doctor

1. Source: Bureau of Labor Statistics (BLS). 2019. May 2018 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/bls/blswage.htm>.
2. The wage rate is scaled up to reflect an estimate of the total labor costs of performing this work. Wages and salaries accounted for 70.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; <https://www.bls.gov/news.release/pdf/ecec.pdf>).
3. Source: FMCSA National Registry data.
4. Based on weighted average of Internist (25 percent) wage rate (\$94.47) and Family, General Practice (75 percent) wage rate (\$101.82), with percentages based on number of providers in each category (BLS, 2019).

The TC average hourly wage is a weighted average of hourly wages for healthcare professionals in practice areas that are mostly likely to be eligible to meet FMCSA's definition of a TC. The weighted average is estimated based on the distribution by category of healthcare profession of MEs listed on the National Registry on May 12, 2017. The following table shows calculation of the TC labor rate.

Calculation of Treating Clinician Labor Rate

Medical Practice Area	Average Wage ¹	Total Labor Cost ²	Number of Medical Examiners ³	Percent of Medical Examiners	Weighted Average Wage
MD ⁴ (29-1062 and 29-1063)	\$99.99	\$142.84	18,462	36%	\$51.32
Nurse Practitioner (29-1171)	\$52.90	\$75.57	18,038	35%	\$26.53
Osteopath (29-1069)	\$98.02	\$140.03	4,182	8%	\$11.39
Physician's Assistant (29-1071)	\$52.13	\$74.47	10,709	21%	\$15.52
Total	NA	NA	54,990	100%	\$104.75

MD = medical doctor

1. Source: Bureau of Labor Statistics (BLS). 2019. May 2018 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/bls/blswage.htm>.
2. The wage rate is scaled up to reflect an estimate of the total labor costs of performing this work. Wages and salaries accounted for 70.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; <https://www.bls.gov/news.release/pdf/ecec.pdf>).
3. Source: FMCSA National Registry data.
4. Based on weighted average of Internist (25 percent) wage rate (\$94.47) and Family, General Practice (75 percent) wage rate (\$101.82), with percentages based on number of providers in each category (BLS, 2019).

The table below shows the calculation of the hourly labor cost for optometrists. An hourly wage rate for ophthalmologists is not available.

Calculation of Optometrist Labor Cost

Practice Area and BLS Occupational Code	Average Wage ¹	Total Labor Cost ²
Optometrist (29-1041)	\$57.68	\$82.40
1. Source: Bureau of Labor Statistics (BLS). 2019. May 2018 National Industry-Specific Occupational Employment and Wage Estimates. https://www.bls.gov/bls/blswage.htm . 2. The wage rate is scaled up to reflect an estimate of the total labor costs of performing this work. Wages and salaries accounted for 70.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; https://www.bls.gov/news.release/pdf/ecec.pdf).		

Employees of MEs, motor carriers, and testing organizations that perform administrative tasks related to recording, dissemination, and recordkeeping of medical data and MECs are included in the estimate of the overall reporting burden. Motor carriers also have administrative tasks associated with preparation and submission of applications for medical conflict resolution. The average hourly wages for these individuals are those for occupations defined by BLS that are consistent with the nature of the tasks and whether the employer is a motor carrier, ME, or testing organization. The average hourly wages with benefits for these individuals are obtained from the same BLS sources described above. The average hourly wages with benefits are summarized in the table below. Benefits account for approximately 30 percent of the total labor cost.²⁰

Employer/BLS Occupation (Occupational Code)	Hourly Wage with Benefits
Motor Carrier: Information and File Clerk (43-4000)	\$24.56
Motor Carrier: Staff Salary (53-3000)	\$27.06
Medical Examiner: Medical Transcriptionist (43-1461)	\$24.97
Testing Organization: File Clerk (43-4071)	\$23.21

13. ESTIMATE OF TOTAL ANNUAL COSTS TO RESPONDENTS

There are no other estimated annual costs to respondents.

14. ESTIMATE OF COST TO THE FEDERAL GOVERNMENT

IC-1: Physical Qualification Standards

The cost to the Federal government due to the medical examination process requirements is minimal because FMCSA does not receive or process the documents.

IC-2: Resolution of Medical Conflict

The cost to the Federal government for the resolution of medical conflict is minimal; there are only about 3 cases per year submitted to FMCSA for resolution of conflicting medical opinions.

²⁰ Wages and salaries accounted for 70.0 percent of total employee cost for private industry workers in December 2018 (BLS, 2019; <https://www.bls.gov/news.release/pdf/ecec.pdf>).

IC-3b: Vision Exemption Program

Contractors supporting the Vision Exemption Program currently cost the Federal Government \$1,486,809. There is no specific cost to the government for government personnel incurred by this information collection, as all government personnel are working within their normal position duties. However, it is estimated that the Federal employee overseeing the contractors, the Contracting Officer's Representative (COR), spends an average of 10 percent of his or her time on this information collection,²¹ which is 208 hours. Hourly employee compensation for the COR is shown in the table below.

Estimate of COR Hourly Employee Compensation (Federal Government)²²

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
610	Nurse Consultant	14 Step 5	\$49.21	29.32%	28.00%	\$81.46

The COR will spend approximately 208 hours annually working on this contract. This leads to an estimated annual cost of \$16,943 (208 annual hours x \$81.46 = \$16,943).

Estimated Total Annual Cost of COR Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
610	Nurse Consultant	14 Step 5	208	\$16,943

Therefore, the total annual cost to the Federal government is \$1,503,752 (\$1,486,809 + \$16,943). However, if the *Qualifications of Drivers; Vision Standard* proposed rule is finalized, this program would be eliminated.

IC-3c: Hearing Exemptions

Hearing exemptions are processed by a Nurse Consultant. It is estimated that the employee spends an average of 40 percent of his or her time on this information collection,²³ which is 832 hours. Hourly employee compensation is shown in the table below.

Estimate of Hourly Employee Compensation (Federal Government)²⁴

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefits Rate	Hourly Cost
343	Program and	12 Step 5	\$35.02	29.32%	28.00%	\$57.97

21Information obtained from current contract COR.

22Office of Personnel Management, "2019 General Schedule (GS) Locality Pay Tables," January 2019. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule> (accessed July 17, 2019).

23Information obtained from current employee.

242019 General Schedule (GS) Locality Pay Tables, January 2019. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/> (accessed June 18, 2019).

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefits Rate	Hourly Cost
	Management Analyst					

The employee will spend approximately 832 hours annually processing hearing exemptions. This leads to an estimated annual cost of \$48,230 (832 annual hours x \$57.975 = \$48,230).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	832	\$48,230

Therefore, the total annual cost to the Federal government for hearing exemptions is \$48,230.

IC-3d: Seizure Exemptions

Seizure exemptions are processed by a Nurse Consultant. It is estimated that the employee spends an average of 40 percent of his or her time on this information collection,²⁵ which is 832 hours. Hourly employee compensation is shown in the table below.

Estimate of hourly employee compensation (Federal Government)²⁶

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
343	Program and Management Analyst	12 Step 5	\$35.02	29.32%	28.00%	\$57.97

The employee will spend approximately 832 hours annually processing seizure exemptions. This leads to an estimated annual cost of \$48,230. (832 annual hours x \$57.97 = \$48,230).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	832	\$48,230

Therefore, the total annual cost to the Federal government for seizure exemptions is \$48,230.

²⁵Information obtained from current employee.

²⁶2019 General Schedule (GS) Locality Pay Tables, January 2019. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/> (accessed June 18, 2019).

IC-4: SPE Certificate Program

The SPE certificate program is implemented at each of the four FMCSA Service Centers. Currently, there are two full-time Medical Program Specialists (GS-12 and GS-13) that are responsible for two Service Centers each. These personnel spend 100 percent of their time on the SPE certificate program, processing new and renewal applications for SPE certificates. This includes analyzing the applications and supporting documentation, including factorial analysis, and processing the applications; analyzing paperwork provided by the certified evaluator; consulting with the Division Administrator; issuing the SPE certificate; program reporting and data management; and recordkeeping. Hourly employee compensation is shown in the table below.

Estimate of hourly employee compensation (Federal Government)²⁷

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
301	Medical Program Specialist	12 Step 5	\$35.02	28.05%	28.00%	\$57.40
301	Medical Program Specialist	13 Step 5	\$41.64	21.64%	28.00%	\$64.83

These are full time employees whose job as Medical Program Specialists is to process SPE certificate applications. This leads to an estimated annual cost of \$254,243 (2,080 annual hours x \$57.40 + 2,080 annual hours x \$64.83 = \$254,243).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
301	Medical Program Specialist	12 Step 5	2080	\$119,390
301	Medical Program Specialist	13 Step 5	2080	\$134,853

Therefore, the annual cost to the Federal government for the SPE certificate program is approximately \$254,243.

IC-5: National Registry of Certified Medical Examiners

The cost to the Federal government for the Interagency Agreement that supports the National Registry includes annual operations and maintenance costs, infrastructure support, system security, help desk, communications, and analysis of \$577,824. The operations and maintenance costs include hosting of the database, data input, database security, ME account access, customer support for users, and continuity of operations. In addition, FMCSA has developed a plan to monitor and audit ME performance as required by 49 U.S.C. 31149(c). This plan will be implemented by one FMCSA staff person at a GS-09 grade level. This person will spend

²⁷Office of Personnel Management, “2019 General Schedule (GS) Locality Pay Tables,” January 2019. <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule> (accessed July 17, 2019).

approximately 90 percent of his or her time, 1,872 hours annually, monitoring and auditing ME performance.²⁸ It is estimated that the COR spends an average of 10 percent of his or her time on this information collection,²⁹ which is 208 hours. Hourly employee compensation is shown in the tables below.

Estimate of hourly employee compensation (Federal Government)³⁰

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
343	Program and Management Analyst	9 Step 5	\$24.15	28.22%	28.00%	\$39.98

The employee will spend approximately 1,872 hours annually monitoring and auditing ME performance. This leads to an estimated annual cost of \$74,843 (1,872 annual hours x \$39.98 = \$74,843).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
343	Program and Management Analyst	9 Step 5	1872	\$74,843

Estimate of COR hourly employee compensation (Federal Government)³¹

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
343	Program and Management Analyst	12 Step 5	\$35.02	28.22%	28.00%	\$57.97

The COR will spend approximately 208 hours annually working on this contract. This leads to an estimated annual cost of \$11,058 (208 annual hours x \$57.97 = \$12,058).

Estimated total annual cost of COR Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	208	\$12,058

28Information obtained from Medical Programs Division Chief.

29Information obtained from current contract COR.

30Office of Personnel Management, “2019 General Schedule (GS) Locality Pay Tables,” January 2019. <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule> (accessed July 17, 2019).

31Office of Personnel Management, “2019 General Schedule (GS) Locality Pay Tables,” January 2019. <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule> (accessed July 17, 2019).

Therefore, the total annual cost to the Federal government for the National Registry is \$86,901.

IC-6: Medical Examiner’s Certification Integration Final Rule

The total annual cost for the *Medical Examiner’s Certification Integration* final rule is approximately \$894,724.

FMCSA estimated the cost of modifying the National Registry system to provide medical certification and variance information to the States electronically including analysis/requirements development, application development, infrastructure support, security, help desk, communications, and analysis provided through an interagency agreement, as shown in the following table.

Estimated Cost of Modifying the National Registry System

Year	Development Costs
Year 1	\$268,200
Year 2	\$472,500
Year 3	\$210,000
Total	\$950,700
Average	\$316,900

In addition, there will be annual operations and maintenance costs of \$577,824. Therefore, total average annual costs are \$894,724 ($\$316,900 + \$577,824 = \$894,724$).

There is no specific cost to the government for government personnel incurred by this information collection, as all government personnel are working within their normal position duties. It is estimated that the COR spends an average of 10 percent of his or her time on this IC,³² which is 208 hours. Hourly employee compensation for the COR is shown in the table below.

Estimate of COR hourly employee compensation (Federal Government)³³

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
343	Program and Management Analyst	12 Step 5	\$35.05	28.22%	28.00%	\$57.97

The COR will spend approximately 208 hours annually working on this contract. This leads to an estimated annual cost of \$12,0588 ($208 \text{ annual hours} \times \$57.97 = \$12,0588$).

³²Information obtained from current contract COR.

³³Office of Personnel Management, “2019 General Schedule (GS) Locality Pay Tables,” January 2019. <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule> (accessed July 17, 2019).

Estimated total annual cost of COR Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	208	\$12,058

Therefore, the total annual cost to the Federal government for this information collection is \$906,782.

IC-7: Qualifications of Drivers: Diabetes Standard

There are no costs to the Federal Government relating to the ITDM standard.

IC-8: Qualifications of Drivers: Vision Standard Proposed Rule

There would be no cost to the Federal Government for the *Qualifications of Drivers; Vision Standard* proposed rule. However, there would be a cost savings of approximately \$1,503,752 annually because the Federal Government would no longer conduct the Vision Exemption Program.

TOTAL - ALL MEDICAL QUALIFICATION REQUIREMENTS

The total annual cost to the Federal government for all medical certification requirements is as follows:

Information Collections	Annual Cost to the Federal Government
IC-3 Exemption Programs	\$1,600,212
IC-4 SPE Certificate Program	\$254,243
IC-5 National Registry	\$664,725
IC-6 Medical Examiner’s Certification Integration Final Rule	\$906,782
IC-7 Qualifications of Drivers; Diabetes Standard	\$0
IC-8 Qualifications of Drivers; Vision Standard NPRM	\$0
Total	\$3,425,962

Annual Cost to Federal Government: \$3,425,962 (\$1,503,752 for Vision Exemptions + \$48,230 for Hearing Exemptions + \$48,230 for Seizure Exemptions + \$254,243 for the SPE Certificate Program + \$664,725 for National Registry + \$906,782 for the Medical Examiner’s Certification Integration final rule). However, as a result of the *Qualifications of Drivers; Vision Standard* proposed rule, costs to the Federal Government for the Vision Exemption Program (\$1,503,752) would be eliminated.

15. EXPLANATION OF PROGRAM CHANGES OR ADJUSTMENTS

Program change - due to updated driver population, program statistics, National Registry statistics, and wage data.

Program change – due to the updated data and a net decrease in information collection requirements associated with the *Qualification of Drivers; Vision Standard* proposed rule. The *Qualifications of Drivers; Vision Standard* proposed rule would add 482 annual burden hours and \$39,717 annual salary costs. However, eliminating the Vision Exemption Program results in 2,236 less annual burden hours and \$69,136 less annual salary costs. Therefore, the proposed rule would provide a net decrease of 1,754 in annual burden hours and \$29,419 in salary costs.

Current Approved Annual Burden Hours for all ICs	2,707,479
Proposed Average Annual Burden Hours for all ICs	2,251,571
Total Decrease in Average Annual Burden Hours	455,908

16. PUBLICATION OF RESULTS OF DATA COLLECTION

This information would not be published with the following exception.

National Registry Medical Examiner Registration Data: As indicated, this data is used to provide the public with contact information for those medical professionals who have satisfactorily completed the certification test and are listed on the National Registry. MEs listed on the National Registry elect to have their contact and professional information listed in a public, online database.

17. APPROVAL FOR NOT DISPLAYING THE EXPIRATION DATE OF OMB APPROVAL

FMCSA is not seeking an exemption for displaying the expiration date of the OMB approval.

18. EXCEPTIONS TO CERTIFICATION STATEMENT

There are no exceptions to the certification statement.

Part B. Collections of Information Employing Statistical Methods

This information collection does not employ statistical methodologies.