

**Department of Transportation
Federal Motor Carrier Safety Administration**

**Supporting Statement
Medical Qualification Requirements**

SUMMARY

- This is a request for the revision of the Information Collection Request (ICR) due to the final rule titled *Qualifications of Drivers; Vision Standard*.
- The rule eliminates the need for the current Vision Exemption Program information collection (IC-3a), which results in 2,236 less annual burden hours and \$67,486 less annual salary costs.
- The rule establishes a new alternative vision standard that adds an information collection (IC-8) to complete a new Vision Evaluation Report, Form MCSA-5871, which adds 619 annual burden hours and \$52,130 annual salary costs.
- The changes are described in sections 12, 14 (Federal Government savings of \$1,503,752), and 15.

INTRODUCTION

This is to request the Office of Management and Budget's (OMB) approval for the revision of the ICR titled *Medical Qualification Requirements*, covered by OMB Control Number 2126-0006, which is currently due to expire on December 31, 2024. This revision is due to the Federal Motor Carrier Safety Administration's (FMCSA) final rule titled *Qualifications of Drivers; Vision Standard* (87 FR 3390, Jan. 21, 2022).

The *Qualifications of Drivers; Vision Standard* rule permits individuals who do not satisfy, with the worse eye, either FMCSA's existing distant visual acuity standard with corrective lenses or the field of vision standard, or both, in 49 CFR 391.41(b)(10) 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 alternative vision standard adopted in the final rule uses a collaborative process for physical qualification. Before an individual may be medically certified under the alternative vision standard, the individual must have a vision evaluation conducted by an ophthalmologist or optometrist. The ophthalmologist or optometrist records the findings and provides specific medical opinions on the Vision Evaluation Report, Form MCSA-5871. Then, a medical examiner (ME) listed on FMCSA's National Registry of Medical Examiners (National Registry) performs an examination, considers the information provided on the Vision Evaluation Report, Form MCSA-5871, and determines whether the individual meets the alternative vision standard,

as well as FMCSA's other physical qualification standards. If the ME determines the individual meets the physical qualification standards, the ME may issue a Medical Examiner's Certificate (MEC), Form MCSA-5876, for a maximum of 12 months.

The final rule eliminates the need for the Federal Vision Exemption Program and, therefore, the related information collection. Because IC-3a for vision exemptions is eliminated, FMCSA redesignates the remaining information collections in IC-3. Previous IC-3b for hearing exemptions becomes IC-3a. Previous IC-3c for seizure exemptions becomes IC-3b.

Although the information collection for vision exemptions is eliminated, the Agency adds a new information collection for an ophthalmologist or optometrist to complete a Vision Evaluation Report, Form MCSA-5871, that would be provided to the ME. The addition of this requirement adds 619 annual burden hours and \$52,130 annual salary costs. Eliminating the Vision Exemption Program information collection results in 2,236 less annual burden hours and \$67,486 less annual salary costs. Therefore, the alternative vision standard as provided in the final rule provides a total decrease of 1,617 in annual burden hours and \$15,356 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 physical qualification regulations relating to this information collection are found 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 applicable to all drivers subject to part 391 are found at 49 CFR 391.43, which specifies that a physical qualification 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 provisions of 49 CFR 391.51 require that a motor carrier retain the MEC or, for CDL drivers, the Commercial Driver's License Information System (CDLIS) motor vehicle record, if it contains medical

certification status, in the driver qualification (DQ) file for 3 years. The MEC and CDLIS motor vehicle record affirm that the driver has been examined and determined to be physically qualified to drive a CMV in interstate commerce. With respect to drivers transporting migrant workers, 49 CFR 398.3 requires a motor carrier to retain in its files a copy of a doctor's certificate that affirms the driver has been examined in accordance with that section and determined to be physically qualified to drive a CMV.

IC-2: Resolution of Medical Conflict

If two MEs disagree about the medical certification of a driver, 49 CFR 391.47 provides a process that may be used to resolve the conflict. 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. 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: 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-3b: 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 loss or impairment of a limb 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 for 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

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 who conduct physical qualification examinations for interstate CMV drivers to complete training concerning FMCSA’s 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 physical qualification 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, MCSA-5875, 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 numbers of the MEs who examined their drivers 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 (73 FR 73096, December 1, 2008). 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 extending the compliance date for several of the provisions in the *Medical Examiner's Certification Integration* final rule to June 22, 2021 (83 FR 28774).

As the June 22, 2021 compliance date approached, FMCSA again concluded that additional time was needed for FMCSA to complete certain information technology system development tasks for its National Registry and to provide the State driver's licensing agencies (SDLA) sufficient time to make the necessary information technology programming changes after the new National Registry system is available. Accordingly, on June 22, 2021, FMCSA amended its regulations to extend the compliance date from June 22, 2021, to June 23, 2025, for several provisions of its *Medical Examiner's Certification Integration* final rule (86 FR 32643).

The discussion below summarizes the status of the relevant provisions of the *Medical Examiner's Certification Integration* final rule, including the extension of certain compliance dates to June 23, 2025. 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. MEs performing medical examinations on CMV drivers to use a newly developed MER Form, MCSA-5875, in place of the then current form. This requirement was effective on June 22, 2015, and is covered in IC-1. On July 7, 2021, FMCSA adopted a slightly revised MER Form that does not collect gender information (86 FR 35633).
2. MEs to use Form MCSA-5876 for the MEC. This requirement was effective on June 22, 2015, and is covered in IC-1.
3. MEs to report results of all completed CMV drivers' physical qualification 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 23, 2025, 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 SDLAs for examinations completed in accordance with the FMCSRs, as well as information about any examinations reported by MEs that are completed in accordance with applicable State variances. This includes MECs 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 an ME listed on the National Registry (covered in IC-5).
5. Beginning on June 23, 2025, 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, 2018, 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 can obtain an MEC from an ME for up to a maximum of 12 months. To do so, the treating clinician (TC), the healthcare professional who manages, and prescribes insulin for, the treatment of the individual's diabetes, must attest to the ME that the individual maintains a stable insulin regimen and proper control of the individual's diabetes, and the ME must determine that the individual meets FMCSA's physical qualification standards. MEs can certify drivers with ITDM for up to 12 months provided:

1. The TC provides information to the 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 the individual's diabetes.
2. The 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 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 due to the Agency's final rule titled *Qualifications of Drivers; Vision Standard*.

The *Qualifications of Drivers; Vision Standard* rule permits individuals who do not satisfy, with the worse eye, either FMCSA's existing distant visual acuity standard with corrective lenses or the field of vision standard, or both, in 49 CFR 391.41(b)(10) to be physically qualified to operate a CMV in interstate commerce under specified conditions. The alternative vision standard adopted in the final rule uses a collaborative process for physical qualification. Before an individual may be medically certified under the alternative vision standard, the individual must have a vision evaluation conducted by an ophthalmologist or optometrist. The ophthalmologist or optometrist records the findings and provides specific medical opinions on the Vision Evaluation Report, Form MCSA-5871. Then, an ME performs an examination, considers the information provided on the Vision Evaluation Report, Form MCSA-5871, and determines whether the individual meets the alternative vision standard, as well as FMCSA's other physical qualification standards. If the ME determines the individual meets the physical qualification standards, the ME may issue an MEC for up to 12 months.

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 requirements provide this assurance by requiring drivers to be examined and medically certified as physically qualified to operate a CMV in interstate commerce. The information collection requirements apply to drivers, motor carriers, MEs, ME applicant testing organizations, TCs, ophthalmologists, and optometrists.

CMV Driver Population

Third-party requirements of this information collection are being considered. This information collection reflects 6.8 million interstate drivers subject to the FMCSRs and intrastate drivers subject to compatible State regulations¹. In addition, a small number of drivers transporting 8 or less migrant workers more than 75 miles in interstate commerce that are subject to the medical

¹ FMCSA 2020 Pocket Guide to Large Truck and Bus Statistics, Table 1-4, p. 9. Available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-10/FMCSA%20Pocket%20Guide%202020-v8-FINAL-10-29-2020.pdf>.

certification requirements of 49 CFR part 398 are included in this population. The FMCSRs require 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 do mirror the Federal requirements. If intrastate CMV drivers are subject to compatible State regulations, the Agency anticipates it is likely that these drivers will use MEs on the National Registry for their physical qualification examinations. Accordingly, FMCSA includes intrastate drivers and treats them in a consistent manner with interstate drivers to determine the paperwork burden reported in this supporting statement. 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 an 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 physical qualification examination information for every driver they examine on driver examination forms required by FMCSA and must enter results of examinations completed 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 medical conditions that could adversely affect their ability to safely operate a CMV and cause 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 that FMCSA resolve conflicting medical evaluations by MEs 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 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: Medical Exemptions and IC-4: SPE Certificate Program

FMCSA may, on a case-by-case basis, grant a medical exemption from a physical qualification standard set forth in 49 CFR 391.41. To do so, the Agency must determine 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 loss or impairment of limbs 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 physically qualified to operate a CMV. The FMCSRs require healthcare 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 healthcare professionals who are certified by FMCSA to conduct interstate CMV driver physical qualification examinations.

MEs who 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 for performing CMV driver physical qualification examinations, 49 U.S.C. 31149(c) requires MEs to electronically transmit the results of each 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. This requirement 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 an ME listed on the National Registry and to 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 23, 2025, motor carriers will no longer be required to verify this for CLP/CDL applicants/holders. This change will be reflected and continued in IC-5 when it is implemented.

IC-6: Medical Examiner's Certification Integration

As a follow-on rule to the National Registry final rule and the *Medical Certification Requirements as Part of the CDL* final rule, the *Medical Examiner's Certification Integration* final rule amended existing regulatory requirements. The associated paperwork burden for some of its provisions is accounted for in the original information collection and is discussed above. Only the provisions of the rule that are yet to be implemented are discussed below; however, they will not be implemented during the 3-year period covered by this supporting statement. The *Medical Examiner's Certification Integration* final rule amended the FMCSRs to require:

1. *Beginning on June 23, 2025 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 completed in accordance with the FMCSRs (49 CFR 391.41–391.49), as well as information about any examinations reported by MEs that are completed 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 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/CDP drivers (covered in IC-5), and the requirement for motor carriers to verify that CDL/CLP drivers (only) were examined by an 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.
2. *Beginning on June 23, 2025 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 available promptly and accurately. Transmission of this information also allows authorized State and Federal enforcement officials 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 an 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 ME that the individual maintains a stable insulin regimen and proper control of his or her diabetes, and the 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 *Qualifications of Drivers; Vision Standard* rule permits individuals who do not satisfy, with the worse eye, either FMCSA's existing distant visual acuity standard with corrective lenses or the field of vision standard, or both, at 49 CFR 391.41(b)(10) to operate CMVs in interstate commerce under specified conditions. Such individuals must be evaluated at least annually by an ophthalmologist or optometrist and before every physical qualification examination by an ME. The ME must begin the physical qualification examination not more 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 enables the ME to make a qualification determination based on whether the individual meets all the physical qualification requirements of 49 CFR 391.41(b) and 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 an ME from maintaining electronic records of the medical examinations the ME conducts and many do. 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

When the medical conflict provision is followed, 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 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 loss or impairment of a limb are permitted to operate a CMV if they are otherwise physically qualified and have been issued an SPE certificate by FMCSA. The application process 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 for 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. 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 is electronically transmitted to FMCSA by midnight (local time) of the next calendar day after an examination is completed by an ME listed on the National Registry. 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. Beginning on June 23, 2025, 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 23, 2025, 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 can obtain an MEC from an 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 ME that the individual maintains a stable insulin regimen and proper control of his or her diabetes, and the ME determines that the individual meets FMCSA's physical qualification standards. FMCSA allows TCs and drivers to provide the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870, to the MEs, if they choose to do so, using electronic communication such as fax or email.

IC-8: Qualifications of Drivers; Vision Standard

The *Qualifications of Drivers; Vision Standard* rule permits individuals who do not satisfy, with the worse eye, either FMCSA's existing distant visual acuity standard with corrective lenses or the field of vision standard, or both, at 49 CFR 391.41(b)(10) to operate CMVs in interstate commerce under specified conditions. Such individuals may drive a CMV in interstate commerce if they are evaluated at least annually by an ophthalmologist or optometrist and before every physical qualification examination by an ME. FMCSA allows individuals, ophthalmologists, or optometrists to provide the Vision Evaluation Report, Form MCSA-5871, to MEs, if they 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 exemption and SPE data is transmitted electronically and 100 percent of the National Registry data is transmitted 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. The Agency anticipates that TCs and drivers transmit approximately 25 percent of the Insulin-Treated Diabetes Mellitus Assessment Forms electronically. The Agency anticipates that individuals, ophthalmologists, and optometrists transmit approximately 25 percent of the Vision Evaluation Reports 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 and IC-6: Medical Examiner's Certification Integration

The National Registry final rule does impact motor carriers, MEs, and the firms that employ MEs, many of which are considered small entities. The rule requires motor carriers to verify the National Registry number of MEs who perform physical qualification examinations on their drivers and to document the verification has been completed. When the *Medical Examiner's Certification Integration* final rule is fully implemented, this information collection burden on motor carriers will decrease because the rule will eliminate the National Registry number verification requirement for CDL/CLP drivers. The National Registry final rule required MEs to report the results of examinations they completed to FMCSA monthly and the *Medical Examiner's Certification Integration* final rule increased the frequency of that collection, but did not increase the overall number of examination results to report. 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 final rule, it is anticipated that the *Medical Examiner's*

Certification Integration final rule does not have a significant impact or require a significant time burden.

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 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 vision deficiencies 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, and IC-7, and IC-8)

Less frequent collection of driver physical qualification information could have an adverse impact on the safety of the Nation's public roadways. 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 cause a risk to public safety, FMCSA requires drivers to be medically certified at least every 2 years. 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 completed 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 requirements for performing CMV driver physical qualification examinations. This could result in MEs being listed on the National Registry who should be removed and possibly drivers who 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 their physical qualification status, which could result in drivers operating CMVs who are not physically 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. To do so, the Agency must determine 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. Exemption holders are required to submit annual medical information for review to ensure the driver continues to meet the criteria for an exemption. Individuals with loss or impairment of limbs are permitted to operate a CMV if they are otherwise physically qualified and have been issued an SPE certificate by FMCSA. The SPE certificate must be renewed every 2 years by submitting a renewal application. In the interest of highway safety, the medical examination, exemption renewal, 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 perform physical qualification examinations 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 identity and eligibility information and test results could mean there are fewer MEs available to perform physical qualification examinations and to meet the needs of the CMV driver and motor carrier population. This could place a burden on drivers and motor carriers. Therefore, less frequent collection of ME candidate identity and eligibility information and test results is not an option. In addition, FMCSA limits the amount of information collected to that which is necessary to determine whether healthcare professionals are qualified to perform its physical qualification examinations and when it is necessary to make that determination.

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 could mean drivers may not have been examined by an ME listed on the National Registry and may not meet the physical qualifications standards in the FMCSRs. However, as part of the *Medical Examiner's Certification Integration* final rule, beginning on June 23, 2025, employers will not be required to verify that the ME is listed on the National Registry for CDL/CLP driver examinations. FMCSA will be electronically transmitting MEC information for these drivers only if they were examined by an ME listed on the National Registry.

7. SPECIAL CIRCUMSTANCES

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

MEs are required by 49 U.S.C. 31149(c) to electronically transmit to FMCSA on a monthly basis driver information and results of any CMV driver medical examinations completed during the previous month. However, as a result of the *Medical Examiner's Certification Integration* final rule, the FMCSRs were amended to require MEs 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 view the most current and accurate

information regarding the medical status of the CMV driver from 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 requirements for performing CMV driver physical qualification examinations and would decrease the validity of the data.

For CDL/CLP holders, beginning on June 23, 2025, 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

On January 12, 2021, FMCSA published an NPRM titled *Qualifications of Drivers; Vision Standard* (86 FR 2344). The NPRM contained information about the proposed alternative vision standard, including the information collection associated with the Vision Evaluation Report, Form MCSA-5871. The NPRM served as the 60-day notice for the information collection and requested public comment on the draft report and information collection. FMCSA did not receive any substantive comments regarding the report, or the burden associated with the information collection under the Paperwork Reduction Act of 1995.

In May 2021, the Medical Review Board (MRB), a Federal advisory committee to FMCSA, held a public meeting to discuss, among other topics, the alternative vision standard and the Vision Evaluation Report, Form MCSA-5871. In July 2021, the MRB provided recommendations to FMCSA that included changes to the Vision Evaluation Report, Form MCSA-5871.² On August 24, 2021, FMCSA published a notice of availability of the MRB's recommendations in the Federal Register and requested public comment on them (86 FR 47280). FMCSA did not receive any comments regarding the Vision Evaluation Report, Form MCSA-5871, or the burden associated with the information collection.

On January 21, 2022, FMCSA published the *Qualifications of Drivers; Vision Standard* final rule that acted as the 30-day notice for the proposed information collection (87 FR 3390). As noted above, FMCSA received no substantive comments regarding the Vision Evaluation Report, Form MCSA-5871, or the burden associated with the information collection, in response to the NPRM or the notice of availability of the MRB recommendations. Section VII.B. of the final rule described all the changes made to the Vision Evaluation Report, Form MCSA-5871, in the final rule. With respect to the information collection burden, FMCSA added requests on the report for a date and a couple of words to explain why a progressive eye condition is not stable and the rationale when a vision evaluation is needed more frequently than annually. However, FMCSA finds that the minor changes to the Vision Evaluation Report, Form MCSA-5871, do not require revision of FMCSA's time estimate to complete it. FMCSA finds no basis from the comments to change the analysis of the burden for the information collection. The final rule

² The MRB Task 21-1 Report is available in the docket at <https://www.regulations.gov/document/FMCSA-2019-0049-0117>.

again requested public comment on the information collection (see sections VI.F., VII.B., and X.F.). The information collection is discussed in detail in section X.F.

9. PAYMENTS OR GIFTS TO RESPONDENTS

With the exception of payments for professional services by healthcare providers, respondents to this information collection 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. They are detailed in Federal Information Processing Standards Publication 200 (Minimum Security Requirements for Federal Information and Information Systems) and National Institute of Standards and Technology (NIST) Special Publication 800-53 Rev. 5 (Security and Privacy Controls for Federal Information Systems and Organizations), dated September 23, 2020, as updated. 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. 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, 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 23, 2025, for CDL/CDL drivers, verification of the National Registry number will not be required. With respect to drivers transporting migrant workers, 49 CFR 398.3 requires a motor carrier to retain in its files a copy of a doctor's certificate that affirms the driver has been examined in accordance with that section and determined to be physically qualified to drive a CMV. 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: Medical Exemptions and IC-4: SPE Certificate Program

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 U.S. Department of Transportation (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 National 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 a National Registry account that is accessed through login.gov. Login.gov uses two-factor authentication and strong passwords that meet new NIST requirements for secure validation and verification. MEs can access this information system but are limited to 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 view, edit, and change their own information and to securely submit CMV driver medical examination results data on behalf of MEs who 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 NIST.

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 prior to the examination. The information is necessary to determine whether a driver meets FMCSA's physical qualification standards and can operate a CMV safely.

IC-3: Medical Exemptions and IC-4: SPE Certificate Program

Exemptions and the SPE certificate program require the collection and submission of detailed medical information to FMCSA that it would not otherwise collect. The information is needed to determine whether it is appropriate to grant an exemption or SPE certificate.

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 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. The information is collected by a TC and submitted to an ME. Such information is necessary for the ME 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 do not satisfy, with the worse eye, either the distant visual acuity standard with corrective lenses or the field of vision standard, or both. The information is collected by an ophthalmologist or optometrist and submitted to an ME. Such information is necessary for the ME to make a qualification determination regarding whether the driver meets all the physical qualification standards of 49 CFR 391.41(b) and 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). Most of the requirements applicable to driver physical qualification records are found at 49 CFR 391.43. It specifies that a medical examination be performed on CMV drivers subject to part 391 who operate in interstate commerce, which results 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, including documentation submitted to apply for medical exemptions and SPE certificates; the Insulin-Treated Diabetes Mellitus Assessment Form, MCSA-5870; and the Vision Evaluation Report, Form MCSA-5871.

Population of CMV Drivers

The population of CMV drivers 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 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. If intrastate CMV drivers are subject to compatible State regulations, the Agency anticipates it is likely that these drivers will use MEs on the National Registry for their physical qualification examinations. Accordingly, FMCSA includes intrastate drivers and treats them in a consistent manner with interstate drivers to determine the paperwork burden reported in this supporting statement. 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 an ME listed on the National Registry.

There are approximately 6.8 million drivers³ 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 cause 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 4,766,800 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
6,800,000	3,400,000	40.20%	4,766,800

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.

³FMCSA. 2020. Pocket Guide to Large Truck and Bus Statistics, Table 1-4, p. 9. Available at <https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/2020-10/FMCSA%20Pocket%20Guide%202020-v8-FINAL-10-29-2020.pdf>.

ME Tasks

Task	Time to Complete Task
Document, Complete, 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

Motor Carrier Task

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

It takes an ME approximately 20 minutes to document the results of the examination on the MER Form, complete all the required sections on the MER Form, and file the MER Form. It takes the driver 5 minutes to complete the health history section of the MER Form. It takes an 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.⁴ The total annual time and cost burdens to respondents for the medical examination, MER Form, and MEC are detailed in the tables below.⁵

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

Hourly wage of ME	Number of drivers examined	Time to complete and document examination, and file MER Form	Annual hours to complete and document examination, and file MER Form	Annual salary cost for ME to complete and document examination, and file MER Form
\$99.96	4,766,800	20 minutes	1,589,000	\$158,835,530

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
\$99.96	4,766,800	1 minute	79,450	\$7,941,777

⁴ For CDL drivers, a motor carrier may file the CDLIS motor vehicle record, if it contains medical certification status information, in the driver’s DQ file as proof the motor carrier confirmed the driver is medically certified. For ease, this section just refers to the MEC, rather than the MEC or CDLIS motor vehicle record, as the proof the motor carrier retains.

⁵ For any of the tables in this section, table detail may not add to total due to independent rounding.

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
\$30.24	4,766,800	5 minutes	397,230	\$12,010,266

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 MEC in DQ record	Annual salary costs for motor carrier administrative personnel to file MEC in DQ record
\$25.06	4,766,800	1 minute	79,000	\$1,979,501

Total Annual Burden Hours for MER Form and MEC

Annual hours to complete and document examination, 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
1,589,000	79,450	397,230	79,000	2,144,680

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
\$166,777,307	\$12,010,266	\$1,979,501	\$180,767,074

IC-1 Annual Burden Hours: 2,144,680: [(4,766,800 drivers x 20 minutes/60 minutes) + (4,766,800 MECs x 1 minute/60 minutes) + (4,766,800 drivers x 5 minutes/60 minutes) + 4,766,800 MECs x 1 minute/60 minutes]

IC-1 Annual Number of Respondents: 5,444,680 (4,766,800 drivers + 75,338 MEs⁶ + 602,542 motor carrier administrative personnel⁷)

⁶Number of MEs listed on the National Registry as of March 1, 2021.

⁷Estimated number of motor carriers for 2019 based on FMCSA 2020 Pocket Guide to Large Truck and Bus Statistics at page 7.

IC-1 Annual Number of Responses: 19,067,200 (4,766,800 health history + 4,766,800 MER Forms + 4,766,800 MECs issued + 4,766,800 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

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
\$27.88	3	1 hour	3	\$84

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
\$27.88	1	8 hours	8	\$223

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	Annual salary costs for attending	Total annual salary costs

application	hearings	
\$84	\$223	\$307

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

The *Qualifications of Drivers; Vision Standard* final rule eliminates the need for the Federal Vision Exemption Program and, therefore, the related information collection. Because IC-3a for vision exemptions is eliminated, FMCSA redesignates the remaining information collections in IC-3. Previous IC-3b for hearing exemptions becomes IC-3a. Previous IC-3c for seizure exemptions becomes IC-3b

IC-3a: 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,⁸ 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.

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	Time to complete hearing exemption	Annual hours to complete new hearing	Annual salary costs to complete new hearing

⁸Data reported by the Medical Programs Division, Program Manager, June 2020.

	applications per year	application	exemption application	exemption application
\$30.24	255	15 minutes	64	\$1,935

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
\$30.24	163	15 minutes	41	\$1,240

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
\$25.06	255	1 minute	4	\$100

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
\$1,935	\$1,240	\$100	\$3,275

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

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

IC-3b: 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,⁹ 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
\$30.24	261	30 minutes	131	\$3,961

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 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
\$30.24	102	30 minutes	51	\$1,542

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

Average hourly wage for motor	Total number of seizure	Time to copy and file seizure	Annual hours for filing copy of	Annual salary costs for filing
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⁹Data reported by Medical Programs Division, Program Manager, June 2020.

carrier administrative personnel	exemptions to file per year	exemption	seizure exemption in the DQ record	copy of seizure exemption in the DQ record
\$25.06	140	1 minute	2	\$50

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
\$3,961	\$1,542	\$50	\$5,553

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

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

IC-3 Total Annual Burden Hours: 293 hours (109 + 184)

IC-3 Total Annual Number of Respondents: 1,176 (673 + 503)

IC-3 Total Annual Number of Responses: 1,176 (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
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
\$30.24	378	2 hours	756	\$22,858

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

Average hourly wage of CMV driver	Number of renewal SPE applications per year	Time to complete SPE renewal application	Annual hours to complete SPE renewal application	Annual salary costs to complete SPE renewal application
\$30.24	993	2 hours	1,986	\$60,047

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
\$30.24	1,371	2 minutes	46	\$1,382

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

Average hourly wage for motor carrier administrative personnel	Total number of SPE certificates	Time to copy and file SPE certificate	Annual hours for copying and filing SPE certificate in the DQ record	Annual salary costs for copying and filing SPE certificate in the DQ record
\$25.06	1,196	1 minute	20	\$501

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
\$82,904	\$1,382	\$501	\$84,787

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 75,338 MEs listed on the National Registry.¹⁰ On average, 15,139 healthcare professionals register each year to become MEs. It takes approximately 15 minutes for an 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 of 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 an 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
\$99.96	15,139	15 minutes	3,785	\$378,346

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
\$23.70	10,708	5 minutes	892	\$21,144

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
\$378,346	\$21,144	\$399,490

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

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)

¹⁰ Current data from National Registry on March 1, 2021.

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

As a result of the National Registry final rule, MEs are required to complete the following 3 tasks. These tasks are typically performed by the administrative personnel of MEs. Time burdens for each task are provided in the tables below.

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 upon request	1

FMCSA estimates that ME administrative personnel will provide results for 4,766,800 completed examinations and will file 4,766,800 MECs annually. It is estimated that it will take 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 30 seconds to file the MEC. In addition, FMCSA estimates that motor carriers will request a copy of the MEC for half of the examinations completed and that it takes ME 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.

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

Hourly wage of administrative personnel	Number of examination results 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
\$24.12	4,766,800	2 minutes	158,893	\$3,831,992

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

Hourly wage of administrative personnel	Number of MECs to file	Time to file MEC	Annual hours to file MECs	Annual costs to file MECs
\$24.12	4,766,800	30 seconds	39,723	\$957,992

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 costs to provide MEC to motor carrier
\$24.12	2,138,050	1 minute	35,634	\$859,378

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
158,893	39,723	35,634	234,250

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
\$3,831,992	\$957,992	\$859,378	\$5,649,363

IC-5b Annual Burden Hours: 234,250 [(4,766,800 MCSA-5850s x 2 minutes/60 minutes) + (4,766,800 MECs x 30 seconds/3600 seconds) + (2,138,050 MECs x 1 minute/60 minutes)]

IC-5b Annual Number of Respondents: 75,338 (75,338 ME administrative personnel)¹¹

IC-5b Annual Number of Responses: 11,671,650 (4,766,800 MCSA-5850s + 4,766,800 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 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 providing MER Forms to FMCSA upon request are detailed in the table below.

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

Hourly wage of ME administrative personnel	Number of MER Forms requested per year	Time to provide MER Form to FMCSA	Annual hours to provide MER Forms to FMCSA	Annual salary costs for ME administrative personnel to provide MER forms to FMCSA
\$24.12	1,000	5 minutes	83	\$2,002

¹¹Number of MEs listed on the National Registry as of March 1, 2021.

IC-5c Annual Burden Hours: 83 hours (1,000 MER Forms x 5 minutes/60 minutes)
IC-5c Annual Number of Respondents: 75,338 (75,338 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 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 4,766,800 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
\$25.06	4,766,800	4 minutes	317,787	\$7,962,783

IC-5d Annual Burden Hours: 317,787 hours (4,766,800 verifications x 4 minutes/60 minutes)
IC-5d Annual Number of Respondents: 602,542 (602,542 motor carrier administrative personnel)
IC-5d Annual Number of Responses: 4,766,800 (4,766,800 verifications)

IC-5 Total Annual Burden Hours: 556,797 hours (4,677 + 234,250 + 83 + 317,787)
IC-5 Total Annual Number of Respondents: 768,357 (15,139 + 75,338 + 75,338 + 602,542)
IC-5 Total Annual Number of Responses: 16,465,297 (25,847 + 11,671,650 + 1,000 + 4,766,800)

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 from June 22, 2021, to June 23, 2025.

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 23, 2025, 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 MEs listed on the National Registry will be able to forward MEC information to the National Registry. Therefore, there will be a reduction in the number of respondents and responses for the information collection requirements noted beginning on June 23, 2025. However, since the compliance date for these provisions is June 23, 2025, the annual burden hours and costs are not covered in this supporting statement.

IC-7: Qualifications of Drivers; Diabetes Standard

Population of CMV Drivers with ITDM Seeking Qualification

Drivers Receiving Completed Form from TC Annually
4,906 ¹²

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 a driver being treated for ITDM 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
\$102.87	4,906	8 minutes	654	\$67,277

¹² 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.

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)

IC-8: Qualifications of Drivers; Vision Standard

The *Qualifications of Drivers; Vision Standard* final rule eliminates the need for the Federal Vision Exemption Program (previously IC-3a) but establishes a new alternative vision standard that adds an information collection (IC-8) to complete a new Vision Evaluation Report, Form MCSA-5871.

Individuals Seeking Certification Under the Alternative Vision Standard

Drivers Receiving Completed Form from Ophthalmologist or Optometrist Annually
4,641 ¹³

The *Qualifications of Drivers; Vision Standard* final rule requires 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 will complete the Vision Evaluation Report, Form MCSA-5871, is 4,641. 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
\$84.22	4,641	8 minutes	619	\$52,130

IC-8 Annual Burden Hours: 619 hours (4,641 drivers x 8 minutes/60 minutes)

¹³ Calculation based on the number of vision exemption holders as of August 5, 2021 (1,967), plus the number of drivers grandfathered under 49 CFR 391.64 from the requirements of the existing vision standard as of August 5, 2021 (1,806), plus the number of additional individuals FMCSA estimates to be medically certified under the alternative vision standard annually (868). The number of additional individuals FMCSA estimates to be medically certified under the alternative vision standard annually is estimated based on the number of applicants to the vision exemption program in 2018 to 2020. In 2018 there were 1,073 applicants, in 2019 there were 1,030, and in 2020 there were 500 ((1,073 + 1,030 + 500) ÷ 3 = 868). 1,967 + 1,806 + 868 = 4,641.

IC-8 Annual Number of Respondents: 4,641 (4,641 ophthalmologists or optometrists)
IC-8 Annual Number of Responses: 4,641 (4,641 forms)

CURRENT APPROVED IC ANNUAL BURDEN HOURS AND COSTS

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

Current Approved Average Annual Burden for All Information Collections

IC	Name	Burden Hours	Number of Respondents	Number of Responses	Costs
IC-1	Physical Qualification Standards	2,144,680	5,444,680	19,067,200	\$180,767,074
IC-2	Resolution of Medical Conflict	11	3	3	\$307
IC-3a	Vision Exemptions	2,236	3,573	3,573	\$67,486
IC-3b	Hearing Exemptions	109	673	673	\$3,275
IC-3c	Seizure Exemptions	184	503	503	\$5,553
IC-4	SPE Certificate Program	2,808	2,567	2,567	\$84,787
IC-5a	National Registry	4,677	15,139	25,847	\$399,490
IC-5b	National Registry	234,250	75,338	11,671,650	\$5,649,363
IC-5c	National Registry	83	75,338	1,000	\$2,002
IC-5d	National Registry	317,787	602,542	4,766,800	\$7,962,783
IC-7	Qualifications of Drivers; Diabetes Standard	654	4,906	4,906	\$67,277
Total		2,707,479	6,225,262	35,544,722	\$195,009,396

PROPOSED NEW ANNUAL BURDEN HOURS AND COSTS

The table below represents the proposed new annual burden hours, number of respondents, number of responses, and salary and wage costs for all information collection activities. It includes the elimination of the Vision Exemption Program (previously IC-3a) and addition of IC-8 for the completion of the Vision Evaluation Report, Form MCSA-5871.

Proposed New Average Annual Burden for All Information Collections

IC	Name	Burden Hours	Number of Respondents	Number of Responses	Costs
IC-1	Physical Qualification Standards	2,144,680	5,444,680	19,067,200	\$180,767,074
IC-2	Resolution of Medical Conflict	11	3	3	\$307
IC-3a	Hearing Exemptions	109	673	673	\$3,275

IC	Name	Burden Hours	Number of Respondents	Number of Responses	Costs
IC-3b	Seizure Exemptions	184	503	503	\$5,553
IC-4	SPE Certificate Program	2,808	2,567	2,567	\$84,787
IC-5a	National Registry	4,677	15,139	25,847	\$399,490
IC-5b	National Registry	234,250	75,338	11,671,650	\$5,649,363
IC-5c	National Registry	83	75,338	1,000	\$2,002
IC-5d	National Registry	317,787	602,542	4,766,800	\$7,962,783
IC-7	Qualifications of Drivers; Diabetes Standard	654	4,906	4,906	\$67,277
IC-8	Qualifications of Drivers; Vision Standard	619	4,641	4,641	\$52,130
Total		2,705,862	6,226,330	35,545,790	\$194,994,040

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 percent and benefits 30 percent of total employee cost for private industry workers in December 2020. This results in a total hourly labor cost of \$30.24.

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)	\$21.76	\$31.00
Bus Drivers, Transit and Intercity (53-3052) ³	\$20.69	\$29.47
Average	\$21.23	\$30.24

1. Source: Bureau of Labor Statistics (BLS). 2020. May 2019 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/bls/blswage.htm>.

2. Includes benefits. Wages and salaries accounted for 70 percent and benefits 30 percent of total employee cost for private industry workers in December 2020 (BLS, 2020; <https://www.bls.gov/news.release/pdf/ecec.pdf>).

3. BLS changed the Standard Occupational Codes for these occupations in 2020.

The ME average hourly wage is a weighted average of hourly wages for healthcare professionals who are represented on the National Registry, aggregated to match BLS occupational categories. Medical doctor (MD) is one of the healthcare professions included on the National Registry. This analysis assumes that this practice area includes internists and family and general practice MDs. The weighted average hourly wage for these MDs is then included in the derivation of the average hourly wage for all healthcare professions 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)	Percent of Total MEs	Hourly Wage	Total Labor Cost
Internist (29-1216) ¹	44,610	29.0%	\$96.85	\$28.06
Family, General Practice (29-1215) ¹	109,370	71.0%	\$98.84	\$70.20
Average Hourly MD Wage	153,980	100.0%		\$98.26

1. BLS changed the Standard Occupational Codes for these occupations in 2020.

The \$98.26 average hourly wage for MDs is included in the calculation of the weighted average hourly wage for healthcare professions included on the National Registry. The weighted average is based on the distribution of healthcare professionals on the National Registry on March 1, 2021, for which there are BLS occupational codes. The table below summarizes the calculation of the weighted average wage (\$99.96).

Calculation of Medical Examiner Labor Rate

Profession 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)	\$40.87	\$58.22	4,253	6.5%	\$3.78
MD ⁴ (29-1216 and 29-1215)	\$98.26	\$139.98	20,530	31.3%	\$43.82
Nurse Practitioner (29-1171)	\$53.77	\$76.60	20,098	30.6%	\$23.47
Occupational Therapist (29-1121)	\$41.45	\$59.05	7	0.0%	\$0.01
Osteopath (29-1228) ⁵	\$97.81	\$139.33	4,838	7.4%	\$10.28
Physician's Assistant (29-1071)	\$54.04	\$76.98	15,842	24.2%	\$18.59
Physical Therapist (29-1123)	\$43.35	\$61.75	16	0.0%	\$0.02
Total	NA	NA	65,584	100%	\$99.96

1. Source: Bureau of Labor Statistics (BLS). 2020. 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 percent and benefits 30 percent of total employee cost for private industry workers in December 2020 (BLS, 2020); <https://www.bls.gov/news.release/pdf/ecec.pdf>.

3. Source: FMCSA National Registry data.

4. Based on weighted average of Internist (29 percent) wage rate (\$96.85) and Family, General Practice (71 percent) wage rate (\$98.84), with percentages based on number of providers in each category (BLS, 2020).

5. BLS changed the Standard Occupational Codes for these occupations in 2020.

The TC average hourly wage is a weighted average of hourly wages for healthcare professionals who are mostly likely to meet FMCSA’s definition of a TC. The weighted average is estimated based on the distribution by category of healthcare profession on the National Registry on March 1, 2021. The following table shows calculation of the TC labor rate.

Calculation of Treating Clinician Labor Rate

Medical Profession	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)	\$98.26	\$139.98	20,530	31.3%	\$43.82
Nurse Practitioner (29-1171)	\$53.77	\$76.60	20,098	30.6%	\$23.47
Osteopath (29-1228) ⁵	\$97.81	\$139.33	4,838	7.4%	\$10.28
Physician’s Assistant (29-1071)	\$54.04	\$76.98	15,842	24.2%	\$18.59
Total	NA	NA	61,308	100%	\$99.96

1. Source: Bureau of Labor Statistics (BLS). 2020. May 2019 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 percent and benefits 30 percent of total employee cost for private industry workers in December 2020 (BLS, 2020; <https://www.bls.gov/news.release/pdf/ecec.pdf>).
3. Source: FMCSA National Registry data.
4. Based on weighted average of Internist (29 percent) wage rate (\$96.85) and Family, General Practice (71 percent) wage rate (\$98.84), with percentages based on number of providers in each category (BLS, 2020).
5. BLS changed the Standard Occupational Codes for these occupations in 2020.

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)	\$59.12	\$84.22

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 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 who perform administrative tasks related to recording, disseminating, compiling, and filing of data and forms are included in the estimate of the overall reporting burden. 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.¹⁴

¹⁴ Wages and salaries accounted for 70 percent of total employee cost for private industry workers in December 2020 (BLS, 2020; <https://www.bls.gov/news.release/pdf/ecec.pdf>).

Employer/BLS Occupation (Occupational Code)	Hourly Wage with Benefits
Motor Carrier: Information and File Clerk (43-4000)	\$25.06
Motor Carrier: Staff Salary (53-3000)	\$27.88
Medical Examiner: Medical Transcriptionist (43-1461)	\$24.12
Testing Organization: File Clerk (43-4071)	\$23.70

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 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.

IC-3a: Hearing Exemptions

Hearing exemptions are processed by a Program and Management Analyst. It is estimated that the employee spends an average of 40 percent of the employee's time on this information collection,¹⁵ which is 832 hours. Hourly employee compensation is shown in the table below.

Estimate of Hourly Employee Compensation (Federal Government)¹⁶

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefits Rate	Hourly Cost
343	Program and Management Analyst	12 Step 5	\$36.29	29.32%	28.00%	\$60.07

The employee will spend approximately 832 hours annually processing hearing exemptions. This leads to an estimated annual cost of \$49,978 (832 annual hours x \$60.07 = \$49,978).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Hourly Cost	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	832	\$60.07	\$49,978

¹⁵Information obtained from current employee.

¹⁶2021 General Schedule (GS) Locality Pay Tables, January 2021. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule> (accessed February 25, 2021).

Therefore, the total annual cost to the Federal government for hearing exemptions is \$49,978.

IC-3b: Seizure Exemptions

Seizure exemptions are processed by a Program and Management Analyst. It is estimated that the employee spends an average of 40 percent of the employee’s time on this information collection,¹⁷ which is 832 hours. Hourly employee compensation is shown in the table below.

Estimate of hourly employee compensation (Federal Government)¹⁸

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	\$36.29	29.32%	28.00%	\$60.07

The employee will spend approximately 832 hours annually processing seizure exemptions. This leads to an estimated annual cost of \$49,978. (832 annual hours x \$60.07 = \$49,978).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Hourly Cost	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	832	\$60.07	\$49,978

Therefore, the total annual cost to the Federal government for seizure exemptions is \$49,978.

IC-4: SPE Certificate Program

The SPE certificate program is implemented at FMCSA’s Service Centers. Currently, there are two full-time Medical Program Specialists (GS-12 and GS-13) who 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.

¹⁷Information obtained from current employee.

¹⁸2021 General Schedule (GS) Locality Pay Tables, January 2021. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule/> (accessed February 25, 2021).

Estimate of hourly employee compensation (Federal Government)¹⁹

Federal Wage Series	Occupation	General Schedule Designation	Hourly Wage	Locality Pay Adjustment	Fringe Benefit Rate	Hourly Cost
301	Medical Program Specialist	12 Step 5	\$36.29	28.05%	28.00%	\$59.48
301	Medical Program Specialist	13 Step 5	\$43.15	21.64%	28.00%	\$67.18

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 \$263,453 (2,080 annual hours x \$59.48 + 2,080 annual hours x \$67.18 = \$263,453).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Hourly Cost	Total Annual Cost to Government
301	Medical Program Specialist	12 Step 5	2080	\$59.48	\$123,718
301	Medical Program Specialist	13 Step 5	2080	\$67.18	\$139,734

Therefore, the annual cost to the Federal government for the SPE certificate program is approximately \$263,453.

IC-5: National Registry of Certified Medical Examiners

The cost to the Federal government for the contract that supports the National Registry includes help desk and support services of \$752,278. 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 approximately 90 percent of the person’s time, 1,872 hours annually, monitoring and auditing ME performance.²⁰ It is estimated that the COR spends an average of 10 percent of the COR’s time on this information collection,²¹ which is 208 hours. Hourly employee compensation is shown in the tables below.

¹⁹Office of Personnel Management, “2021 General Schedule (GS) Locality Pay Tables,” January 2021. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule> (accessed February 25, 2021).

²⁰Information obtained from Medical Programs Division Chief.

²¹Information obtained from current contract COR.

Estimate of hourly employee compensation (Federal Government)²²

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	\$25.02	29.32%	28.00%	\$41.42

The employee will spend approximately 1,872 hours annually monitoring and auditing ME performance. This leads to an estimated annual cost of \$77,538 (1,872 annual hours x \$41.42 = \$77,538).

Estimated total annual cost of Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Hourly Cost	Total Annual Cost to Government
343	Program and Management Analyst	9 Step 5	1,872	\$41.42	\$77,538

Estimate of COR hourly employee compensation (Federal Government)²³

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	\$36.29	29.32%	28.00%	\$60.07

The COR will spend approximately 208 hours annually working on this contract. This leads to an estimated annual cost of \$12,495 (208 annual hours x \$60.07 = \$12,495).

Estimated total annual cost of COR Federal Labor

Federal Wage Series	Occupation	General Schedule Designation	Yearly Hours Worked	Hourly Cost	Total Annual Cost to Government
343	Program and Management Analyst	12 Step 5	208	\$60.07	\$12,495

Therefore, the total annual cost to the Federal government for the National Registry is \$842,311 (\$752,278 + \$77,538 + \$12,495 = \$90,033).

²²Office of Personnel Management, “2021 General Schedule (GS) Locality Pay Tables,” January 2021. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule> (accessed Feb 25, 2021).

²³Office of Personnel Management, “2021 General Schedule (GS) Locality Pay Tables,” January 2021. Available at <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule> (accessed February 25, 2021).

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

There is no annual cost attributed to the *Medical Examiner’s Certification Integration* final rule during the three years covered in this supporting statement since the compliance date is June 23, 2025. With respect to any costs associated with the provisions of the final rule that have been implemented, they are included in other information collections.

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

There are no costs to the Federal Government relating to the alternative vision standard. However, there is a cost savings of approximately \$1,503,752 annually because the Federal Government is no longer conducting 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	\$99,956
IC-4 SPE Certificate Program	\$263,453
IC-5 National Registry	\$842,311
IC-6 Medical Examiner’s Certification Integration Final Rule	\$0
IC-7 Qualifications of Drivers; Diabetes Standard	\$0
IC-8 Qualifications of Drivers; Vision Standard	\$0
Total	\$1,205,720

Annual Cost to Federal Government: \$1,205,720 (\$49,978 for Hearing Exemptions + \$49,978 for Seizure Exemptions + \$263,453 for the SPE Certificate Program + \$842,311 for National Registry).

15. EXPLANATION OF PROGRAM CHANGES OR ADJUSTMENTS

Program change – due to the *Qualification of Drivers; Vision Standard* final rule. The *Qualifications of Drivers; Vision Standard* final rule adds 619 annual burden hours and \$52,130 annual salary costs. However, eliminating the Vision Exemption Program results in 2,236 less annual burden hours and \$67,486 less annual salary costs. Therefore, the proposed rule would provide a net decrease of 1,617 in annual burden hours and \$15,356 in salary costs.

Current Approved Average Annual Burden Hours for all ICs	2,707,479
Proposed Average Annual Burden Hours for all ICs	2,705,862
Decrease in Average Annual Burden Hours	1,617

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 healthcare professionals who have been certified 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.