National Transportation Safety Board
Office of the Chairwoman
Washington, DC 20594

June 18, 2026

Dockets Operations
US Department of Transportation
1200 New Jersey Avenue SE
W58-213
Washington, DC 20590-0001

Attention: Docket No. FMCSA-2026-0760

Dear Sir or Madam:

The National Transportation Safety Board (NTSB) has reviewed the Federal Motor Carrier Safety Administration's (FMCSA) notice and request for comments titled "Agency Information Collection Activities; Renewal of an Approved Information Collection: 391.41 CMV Driver Medication Form," published at 91 *Federal Register* 24958 on May 7, 2026. The FMCSA is seeking comments on its plan to request renewal of an approved information collection titled "391.41 CMV Driver Medication Form."

Certified medical examiners (MEs) of commercial motor vehicle (CMV) drivers may use the 391.41 CMV Driver Medication Form, MCSA-5895, (the form) to help collect information from healthcare providers treating these drivers. The NTSB previously provided comments regarding this form in 2022, when the information collection was last undergoing renewal.[1] We are disappointed that the FMCSA has not revised the form in response to the NTSB's comments. The NTSB continues to support renewal of the information collection, but we again encourage the FMCSA to revise the form to make it a more effective safety tool when used by MEs to help gather supplemental information from treating healthcare providers. Our past comments apply to the present request for comments and are enclosed with this response.

We note that the FMCSA responded to our past comments at 88 *Federal Register* 7514, on February 3, 2023. However, that FMCSA response inadequately addressed the NTSB's comments. The FMCSA implied that the form does not need to

[1] See the NTSB's response, dated November 7, 2022, to the FMSCA's notice and request for comments titled "Agency Information Collection Activities; Renewal of an Approved Information Collection: 391.41 CMV Driver Medication Form," published at 87 *Federal Register* 55077 on September 8, 2022. The identifier for NTSB's response in the associated docket is FMCSA-2022-0133-0002.

elicit a complete list of medications and medical conditions from the treating provider, because drivers already are required to report such information. On the contrary, the form exists precisely for situations in which an ME identifies a need to gather information about medications and conditions beyond what a driver reports, from a knowledgeable medical professional who is trained to understand and articulate pertinent medical history. The NTSB made suggestions to improve the quality, usefulness, and clarity of the form for gathering such information, but the FMCSA indicated that our suggestions went beyond the purpose for which the form was intended to be used. We assert that the form could be used more effectively to promote safety, with reasonably minor expansions and clarifications of its scope.

As discussed in our enclosed comments, the FMCSA has an opportunity to address an open NTSB safety recommendation by appropriately revising the form and encouraging MEs to use it when requesting supplemental information from healthcare providers.[2] We believe the FMCSA could take these actions without having to impose new requirements; MEs would simply continue using the form voluntarily to better inform their application of existing requirements regarding driver medications and medical conditions.

Thank you for the opportunity to provide comments.

Sincerely,

Jennifer L. Homendy
Chairwoman
On behalf of the entire Board

Enclosure

[2] In 2018, as a result of our investigations of two separate 2016 crashes involving school buses, the NTSB recommended that the FMCSA: "Provide explicit guidance to encourage certified medical examiners to request a complete list of current medical conditions and medications when obtaining supplemental information from a commercial driver's treating health-care provider" (H-18-7). Safety Recommendation H-18-7 was classified Open–Unacceptable Response on June 3, 2026. In our 2022 response, we explain how revising the form could be a step by the FMCSA toward satisfying Safety Recommendation H-18-7. Correspondence related to Safety Recommendation H-18-7 may be viewed on the NTSB website using the CAROL Query. See also NTSB. 2018. *Selective Issues in School Bus Transportation Safety: Crashes in Baltimore, Maryland, and Chattanooga, Tennessee*. SIR-18/02.

National Transportation Safety Board
Office of the Chair
Washington, DC 20594

November 7, 2022

Dockets Operations
US Department of Transportation
1200 New Jersey Avenue SE
West Building Ground Floor
Room W12-140
Washington, DC 20590-0001

Re: Docket Number FMCSA-2022-0133

Dear Sir or Madam:

The National Transportation Safety Board (NTSB) has reviewed the Federal Motor Carrier Safety Administration (FMCSA) request for comments titled "Agency Information Collection Activities; Renewal of an Approved Information Collection: 391.41 CMV Driver Medication Form," published at 87 *Federal Register* 55077 on September 8, 2022. The request for comments references the renewal of the 391.41 CMV Driver Medication Form, MCSA-5895, available from the FMCSA website and referred to in the request for comments as the Information Collection (IC). The NTSB supports the renewal of the IC and encourages the FMCSA to use this opportunity to revise the IC to make it a significantly more effective evaluation tool.

The IC is a form that may be used voluntarily by certified medical examiners (MEs) who are responsible for issuing medical certification to commercial motor vehicle (CMV) drivers. When evaluating a CMV driver for medical certification, an ME may choose to use the IC as part of requesting supplemental information from the driver's treating healthcare provider. The IC contains a general summary of a CMV driver's potential role, followed by a statement that the ME has determined that the driver listed on the IC is taking medication(s) that may impair the ability to safely operate a CMV. The IC asks the treating provider to review FMCSA regulations related to medical certification of CMV drivers who use federally controlled substances.[1] The IC states that the ME will make the final medical certification determination. The IC then asks the treating provider to respond to four items:

[1] Federally controlled substances are identified in United States Drug Enforcement Administration regulation (21 *Code of Federal Regulations* Part 1308), pursuant to the Controlled Substances Act (21 *United States Code* § 802). Each controlled substance is categorized into one of five schedules, based on the substance's abuse and dependence potential and on whether the substance has a legitimate medical use. There are many prescription and nonprescription medications that are not controlled substances but that are potentially impairing or treat potentially impairing conditions.

1. List all medications and dosages that you have prescribed to the [driver].

2. List any other medications and dosages that you are aware have been prescribed to the [driver] by another treating health care provider.

3. What medical conditions are being treated with these medications?

4. [Yes/No] It is my medical opinion that, considering the mental and physical requirements of operating a CMV and with awareness of a CMV driver's role…, my patient: (a) has no medication side effects from medication(s) that I prescribe that would adversely affect the ability to safely operate a CMV; and (b) has no medical condition(s) that I am treating with the above medication(s) that would adversely affect the ability to safely operate a CMV.

According to the FMCSA request for comments, "[t]he purpose of this voluntary IC is to assist the ME in determining if the driver is medically qualified under [49 *Code of Federal Regulations*] § 391.41 and to ensure that there are no disqualifying medical conditions that could adversely affect the driver's safe driving ability or cause incapacitation constituting a risk to the public." The FMCSA requests comments on whether the IC is necessary and on ways to enhance its quality, usefulness, and clarity.

In 2018, as a result of our investigations of two separate 2016 crashes involving school buses, the NTSB recommended that the FMCSA take the following action:

> Provide explicit guidance to encourage certified medical examiners to request a complete list of current medical conditions and medications when obtaining supplemental information from a commercial driver's treating health-care provider. (Safety Recommendation H-18-7)[2]

The FMCSA responded that there was existing FMCSA guidance to MEs on this topic, noted the existence of the voluntary IC, and requested that the NTSB close Safety Recommendation H-18-7. The NTSB did not close the recommendation, citing the inadequacy of the existing guidance, and classified Safety Recommendation H-18-7 "Open–Unacceptable Response."

The NTSB recognizes the IC as a worthwhile tool that serves a safety function when used by MEs to help gather supplemental information from treating healthcare providers. The IC may be particularly beneficial to MEs who do not have current

[2] Use the CAROL Query for more information about NTSB safety recommendations, including correspondence related to Safety Recommendation H-18-7.

prescribing authority and who might be less familiar with the side effects and interactions of some medications. In the NTSB's response to the FMCSA's recent request for comments titled "Qualifications of Drivers: Medical Examiner's Handbook and Medical Advisory Criteria Proposed Regulatory Guidance" (published at 87 *Federal Register* 50282 on August 16, 2022), the NTSB commented that the use of the IC by MEs should be encouraged in an updated Medical Examiner's Handbook.[3]

The NTSB supports the FMCSA's efforts to renew the IC. Furthermore, if the FMCSA takes this opportunity to revise the IC and encourages MEs to use the IC when requesting supplemental information from treating providers, the FMCSA may satisfy Safety Recommendation H-18-7. To achieve this, the FMCSA would need to make revisions that would enhance the quality, usefulness, and clarity of the IC, and would need to encourage its broad use.

Include All Known Medications and Medical Conditions

For the IC to be effective, it should be revised to include all medications that the provider is aware the driver uses and all medical conditions that the provider is aware the driver has. Currently, items 1–3 on the IC are inadequate for this purpose. Item 1 ("List all medications and dosages that you have prescribed to the [driver]") might be interpreted to exclude nonprescription medications and supplements that the driver uses under the direction of the treating provider. Item 2 ("List any other medications and dosages that you are aware have been prescribed to the [driver] by another treating health care provider") has the same shortcoming as item 1 and also excludes any medications that the driver reports using by choice, rather than by the instruction of a treating provider. Item 3 ("What medical conditions are being treated with these medications?") excludes medical conditions not being treated with medication. In some cases, these may be disqualifying medical conditions treated by means other than medication or for which the driver has refused appropriate treatment with medication.

The FMCSA should revise the IC to include all of the driver's known prescription and nonprescription medications and supplements, as well as all of the driver's known medical conditions, regardless of whether those conditions are treated with medications.

Do Not Limit IC Use to Cases with Known Potentially Impairing Medications

The IC's introductory language seems to restrict the IC's use to cases in which an ME has identified that a driver is taking a potentially impairing medication. For the IC to be effective, MEs must be encouraged to use the IC when requesting supplemental information from a treating provider for any reason (for example, a

[3] The NTSB response to that request for comments is at Docket Number FMCSA-2022-0111 (comment FMCSA-2022-0111-0040).

medical condition or physical examination finding) and not just because the ME has identified a potentially impairing medication. Accordingly, the FMCSA should remove the sentence in the IC that states, "During the medical evaluation, it was determined this individual is taking medication(s) that may impair his/her ability to safely operate a CMV."

Clarify What is Being Asked of Responding Providers

The IC will not be an effective tool unless responding providers clearly understand that they are not expected to interpret FMCSA regulations or to make medical certification decisions. Currently, the IC states only that the ME will make the *final* certification determination. Meanwhile, the IC asks responding providers to review FMCSA regulations and to provide a concluding opinion limited to a "yes/no" response. As written, the IC has the potential to confuse responding providers about their responsibilities and liabilities regarding FMCSA medical certification standards, possibly limiting the usefulness and completeness of their responses.

Compounding this problem is that, because of how FMCSA regulations address disqualifying medications, the regulation excerpt that responding providers are asked to review is specific to federally controlled substances. This might lead a responding provider to infer that only information related to controlled substances is relevant. In fact, many other medications and underlying medical conditions could adversely affect safe CMV operations, and an ME may wish to consider these when evaluating a driver for medical certification in accordance with FMCSA regulations and best medical practices.

The FMCSA could facilitate higher quality responses by simplifying and clarifying the IC. For example, the FMCSA could remove all reference to regulations from the instructions. The FMCSA could clarify that the responding provider is expected only to list medications/medical conditions and to give a medical opinion on safety, not to apply medical certification standards, which is the responsibility solely of the ME.

Enable Responding Providers to Give Complete Medical Opinions

In addition to limiting responding providers to "yes/no" responses to item 4, the IC contains no field for providers to explain the reasons for their item 4 responses or to provide other information they believe to be relevant. For example, providers may wish to elaborate on why a particular medication or medical condition does or does not pose a safety risk, or to indicate that the risk is unknown. Also, providers may wish to express safety concerns related to medications that they do not personally prescribe or to medical conditions that they are not personally treating. Providers may have suggestions of other treating providers from whom the ME could request additional information. The IC provides no space for such remarks. Considering that use of the IC is voluntary, that responses have no binding effect on medical

certification, and that MEs always have the option of requesting additional clarifying information, there is no justification for how the IC constrains responding providers from providing all information that they believe may be relevant to safe CMV operation.

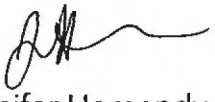
To address this problem, the FMCSA could revise item 4 to ask the responding provider's medical opinion about whether any of the driver's known medications or medical conditions pose a risk to safe CMV operation, to provide the item with a third response option ("yes/no/unsure"), and to include a field for any clarifying comments. These or similar revisions could enhance the accuracy and completeness of the IC.

Summary

The NTSB supports the IC's renewal. However, we believe that the FMCSA should revise the IC to enhance its quality, usefulness, and clarity. Specifically, the IC should include all current medications and medical conditions of which the responding provider is aware. The IC should avoid language limiting its use only to cases in which MEs identify potentially impairing medications. The IC should not imply that responding providers must interpret FMCSA regulations before reporting medications/medical conditions and providing medical opinions about safe CMV operation. Finally, the IC should enable responding providers to provide all medical information that they believe may be relevant to safe CMV operation. If the FMCSA makes these revisions and provides explicit guidance to encourage MEs to use the IC when obtaining supplemental information from treating providers, this action would improve safety by providing MEs with additional critical information to make their decisions on medical certification, and would likely satisfy Safety Recommendation H-18-7.

Thank you for the opportunity to provide comments.

Sincerely,



Jennifer Homendy
Chair