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Bureau of Motor Vehicles**

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Testimony of Linda Grant  
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Testifying In Opposition  
L.D. 1398 "An Act To Change Driver's License Requirements  
For Obstructive Sleep Apnea

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Senator Diamond, Representative Martin, and members of the Joint Standing Committee on Transportation. My name is Linda Grant and I am the Director of Driver License Services with the Secretary of State, Bureau of Motor Vehicles and a resident of Monmouth. I am representing the bureau today speaking in opposition to L.D. 1398, "An Act To Change Driver's License Requirements For Obstructive Sleep Apnea".

This bill causes concern as it appears to bring a specific medical condition into statute and to provide an accommodation for driving if someone does not meet established criteria for the condition of obstructed sleep apnea (OSA). The exemption criteria identified would be very difficult to determine or establish and maintain as part of someone's driving history for additional assessment. Further, all of which are serious side effects of someone that has sleep apnea and is not being monitored or compliant and all of which put the public in jeopardy. Driver sleepiness is a major cause of motor vehicle crashes. It is important to recognize that excessive daytime sleepiness and crash risk may not correlate with the severity of the sleep apnea, hence the need for periodic review by the person's clinician. A recent study ([\*Weaver TE, Mancini C, Maislin G, Cater J, Staley B, Landis JR, Ferguson KA, George CF, Schulman DA, Greenberg H, Rapoport DM, Walsleben JA, Continuous positive airway pressure treatment of sleepy patients with milder obstructive sleep apnea: results of the CPAP Apnea Trial North American Program \(CATNAP\) randomized clinical trial. AM J Resp Critical Care Med, 2012 Oct 1;186\(7\):677-83.\*](#)) demonstrated that increased risk of motor vehicle crashes is present in those with mild OSA as well as those with severe disease. Most crashes due to drowsy driving likely occur in healthy but sleep deprived individuals, but drivers with obstructive sleep apnea are at increased risk for car crashes. To review a record to determine nothing has happened thus far, seems risky.

Currently, Title 29A provides for a body of medical professionals that serve the Secretary of State in an advisory capacity and who are charged with developing written medical and vision standards related to operator's licensing. These standards are outlined in Chapter 3, Physical, Emotional and Mental Competence to Operate a Motor Vehicle and are referred to as the Functional Ability Profiles (FAP). These rules establish a reporting system that requires persons to submit medical information to the Secretary of State and provides medical professionals with guidance for the submission of such information. As noted in statute these standards may only be adopted by rule.

The Medical Advisory Board (MAB) consists of members representing eight identified specialties and areas of expertise. The board provides guidance and establishes standards for review of medical conditions that could adversely affect the ability of an individual to safely operate a motor vehicle. OSA is a diagnosis that should only be made by a physician or nurse practitioner or physician assistant with specialized training in sleep medicine. Those with OSA are frequently followed by a sleep specialist or a neurologist.

The most recent revisions (first since 1995) were made in 2016 to reflect current medical standards and recommendations for driving based on literature review and clinical expertise. There is a list of references in support of the sleep apnea rules, available upon request. One article listed is, "Continuous Positive Airway Pressure Reduces Risk of Motor Vehicle Crash among Drivers with Obstructive Sleep Apnea: Systematic Review and Meta-analysis". The conclusion states, "Observational studies indicate that CPAP reduces motor vehicle crash risk among drivers with OSA."

The MAB is currently working on the next revision, although it is not yet done. The new draft will provide more clear guidance when reviewing individuals with complex or mixed sleep apneas, including central sleep apnea. The draft proposed changes will address some newer treatment modalities, require persons using dental devices to have periodic review to determine effectiveness of treatment, and lengthen the interval for review of persons who demonstrate effective treatment and adherence to treatment with no near miss or accidents of concern. For these individuals, the interval for review will be extended from one year to three years. The new rules will also allow clinicians to use some judgement when managing patients with an Apnea-Hypopnea Index (AHI) greater than 15. This group of drivers will require review each year. The sleep apnea subcommittee is making a concerted effort to consider the least restrictive guidelines and allow driving for the greatest number of people, while still taking highway safety into consideration. This group consists of four physicians who specialize in sleep medicine and related fields.

In the meantime, BMV hopes to gather data on Maine drivers that may help inform the MAB on medical conditions and crash risk in Maine, for future consideration.

Thank you for your time today and I would be happy to try and answer any questions of the committee.