



Testimony of Matt Marks in Support of LD 1359 and 1368

*An Act To Change Driver's License Requirements Regarding Sleep Apnea (1359) &
An Act To Change Driver's License Requirements for Obstructive Sleep Apnea (1368)*

Joint Standing Committee on Transportation

April 27, 2021

Senator Diamond, Representative Martin, and distinguished members of the Joint Standing Committee on Transportation, my name is Matt Marks; I am a resident of Scarborough and CEO of AGC Maine. We urge the Committee to support both or one of the bills in front of you today.

AGC Maine recently fielded calls about the process for addressing sleep apnea and the enforcement of a rule adopted by the Secretary of State's office for a Class C license. We recognize several conditions that could interfere with a motor vehicle's operation, including additional risks with untreated sleep apnea, but believe another approach should be considered.

In 2016 the Bureau of Motor Vehicles changed their application forms to include sleep apnea. Once they confirm that diagnosis, they must complete a medical evaluation, and the state will review their driving record to ensure they do not have crashes or vehicle incidents.

According to data from the American Sleep Apnea Association, around 22 million Americans have sleep apnea. 26% of people aged between 30 and 70 suffer from sleep apnea, and 1 in 4 of those with moderate sleep apnea will not experience daytime sleepiness. We also recognize an increase in risk driving due to lack of concentration or tiredness associated with an untreated sleep apnea condition. With the use of a CPAP machine risk of a traffic accident is lowered by 70%.

Recognizing the hazard and receiving treatment should be the responsibility of a driver. In the United States, the National Highway Traffic Administration estimates that drowsiness contributes to 2.4% of accidents. In other states like Texas and Florida, they have taken the approach of educating drivers about the potential hazards of "drowsy driving."

The United States Department of Transportation and the Federal Motor Carrier Safety Administration does not require a specific physical for sleep apnea. They require a medical examination and issuance of a medical card by a medical practitioner verifying whether or not a health condition can impact driving.

The FMSCA has concluded that *untreated* moderate to severe sleep apnea is unsafe. Any driver who has that condition will require medical treatment approved by a medical examiner before issuing a medical card.

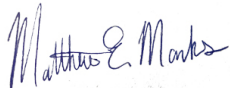
With more than 1/3 of adults estimated to have varying degrees of sleep apnea, the state must consider the extensive barrier this places drivers who are complying with their doctor's orders. However, most who have sleep apnea are mild cases, and a treatment plan is generally acceptable for a medical examiner to provide issuance of a valid DOT medical card.

When a driver's license applicant is forthcoming with a sleep apnea diagnosis it shouldn't trigger a condition that prohibits the issuance of a license. Instead, the state should consider providing information that requires the applicant to comply with the medical advice to treat their disorder.

Ironically, studies indicate that most fall-asleep crashes are caused by young males under the age of 26. We are concerned that the current policy decreases the self-reporting of a condition to the state. Even diagnosis/treatment could decline when applicants recognize the potential risk to their license.

AGC Maine recommends the state consider alternative approaches to this medical condition. We believe that education is critical, and advising the applicant of the risk is imperative, but additional compliance doesn't appear warranted. We encourage the state to examine alternatives to the current approach and entrust drivers to address their medical conditions.

Respectfully submitted by,

A handwritten signature in blue ink that reads "Matthew E. Marks".

Matt Marks, AGC Maine